TO HOSPITAL TO FUNE

VS A15 (4) 15M 10/57

1	1. PLAC

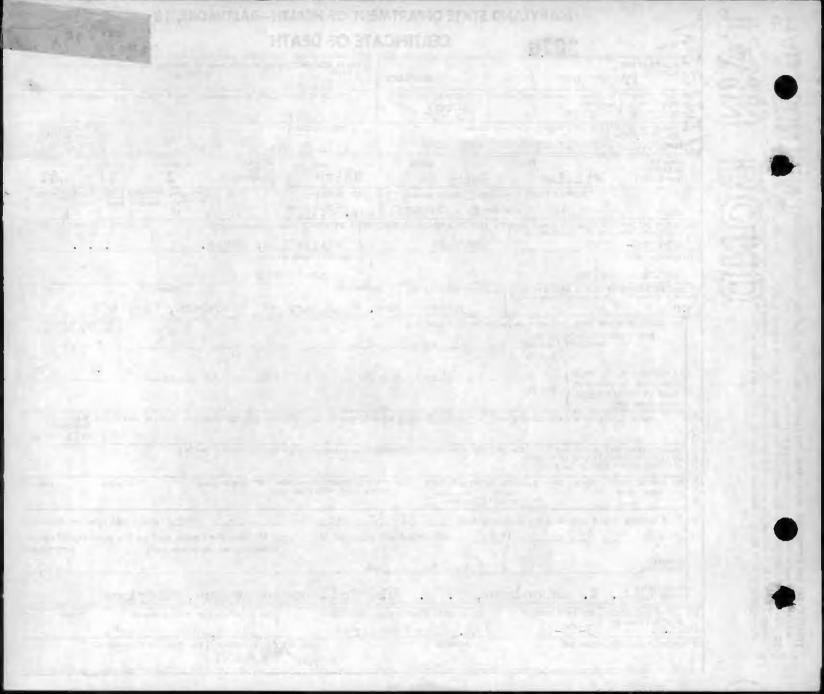
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 3070

Reg. Dist. No. 3058

1. PLACE OF DEATH o. COUNTY Frederick	MARYLA	O STATE	there deceased lived. If institution b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate RURAL and give nearest lown) Braddock Heights	limits, write c. LENGTH OF STAY IN Single /60	Bal timore	outside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospin OR INSTITUTION Vindobona Convalesc	ol, give street oddress)	d. STREET ADDRESS	ewood Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) William	First Middle N Henry	Baish	4. DATE Mon OF 3	
5. SEX 6. COLOR OR RA	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	-	9. AGE (In years lost birthday) 88 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of w during most of working life, even if ret Retired- Self 13. FATHER'S NAME	ork done 10b. KIND OF BUSINESS OR in Dentist		le, Penna.	12. CITIZEN OF WHAT COUNTRY?
Ephriam Baish 15. WAS DECEASEDEVER IN U. S. ARMED (You no, or unknown) If yes, give wor or dots no	s of service)	Emma Sto 17. INFORMANT Mrs. Sara Barri	Add	
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse tost.	BY: Cardence	Docomperos Le	ent disiers	INTERVAL BETWEEN ONSET AND DEATH JOSEPH AND DEA
20c. TIME OF INJURY Month, Day, Hour o. m. p. m. 21. I certify that I attended alive an	Year 20d. INJURY OCCURRED 20 While of work 01 work 1 the deceased fram	De. PLACE OF INJURY (Home, for foctory, street, office bldg., et	3/2/, 196 M, fram the causes of ADDRESS (Street, city or town,	(County) (Stote) ,that I last saw the deceased and an the date stated abave. DATE SIGNED 3/21/6
220. BURIAL, CREMATION, 226. DATE THE BURIAL (Specify) 3-23-6			22d. LOCATION (City, town, of Allen, Penn	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS		MAR 2 3 '61	STRAR'S SIGNATURE

Balto 19, Ind



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3071

03059

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marvlar	 b. COUNTY 	n: Residence before admission) Frederick							
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	ite c. LENGTH OF STAY IN 16		ide corporate limits, write RU								
Braddock Heights		Frederi	ck								
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	reet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?							
Vindobona Nursing Kome		300 Sou	th Jefferson	Street YES NOT							
3. NAME OF DECEASED (Type or print) Geometric Months	Middle	Last 4	OF Monti								
George We	Iville Ball AARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	22. 19 61.							
197.7	OWED DIVORCED	May 20, 1886	last birthdoy)	Months Doys Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?							
during most of warking life, even if retired) Retired Service Statio	n Owner	Frederick	Co. Maryland	U.S.A.							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		Uassassa							
Daniel Ball		Lizzie Ri	mean								
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Addre	ess							
(Yes, no, or unknown) (If yes, give wor or dates of service)	Mon	a Toston C Va	000 P 1	Dodayê ele Ob. The se							
		s. Lester C. Ko	ogre con re	Patrick St. Fred.							
18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY:	er line far (a), (b), and (c).	. /	-14	ONSET AND DEATH							
IMMEDIATE CAUSE (o)	Caretral V	nocular are	eder	month							
260 X DUE TO	= in										
Conditions, if any, which) (b)	Semilelis			years							
gave rise to immediate DUE TO	1 1			-							
lying couse lost.	gears										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?											
PART II. OTHER SIGNIFICANT CONDITION 20%. ACCIDENT WAS UNDERLYING 20%. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO STANDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)										
	104 0										
Hour o.m.	od, INJURY OCCURRED 20e. PL /hile Nat while fa	ACE OF INJURY (Home, form, clary, street, affice bldg., etc.)	20t. (City or town)	(County) (State)							
21. I certify that (I) (this hospital) at	landed the decorred from	195	510-3-22	19 61, that (I) (we) last							
2.3	1 //										
saw the deceased alive on 5	I7 <u>U</u>] and that i	death occurred ofM	, from the causes and	d an the date stated above.							
Aux Ry	narthn	M.D. PHYS. MED.	CTOR STAFF	SIGNED							
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS									
Dr. Rex Mart	in M	D. 220 North	Market St. Fr	edarick Warrland							
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		d. LOCATION (City, town, o								
REMOVAL (Specify)	Mt Oldant O	ometrouse	Donal and als 35	Lund Lund							
Burial 3-25-1961	Mt. Olivet C			TRAR'S SIGNATURE							
A 400000	Frederick, M		A 101								
your Charley y	Trederrow's In	TOTAL DAMPIN Z	401 aut	9 14							

ond 2 should be filled with TO HOSP IL OR ATTENDED TO PHYSICIAN: The law requires that the death certificate be executed within 24 may be sined by the pital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fillibrated by a shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

PHYSICIAN: The law requires that the death certificate be executed within 24

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6 DIREC 0

within

22c. NAME OF CEMETERY OR CREMATORY

WALKERSVILLE

22d. LOCATION (City, town, or county)

(Stote) MD

Year

19 61

Min.

(State)

DATE SIGNED

HAUGHS ADDRESS

220. BURIAL, CREMATION, 226. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATEPR

S. Maria

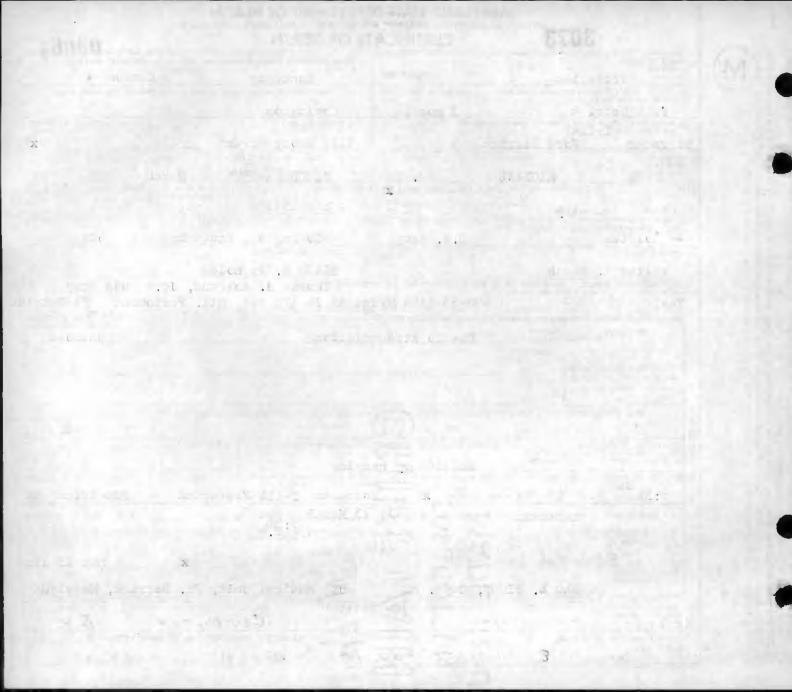
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Harry are 15 tele	THE SECTION AND A SECTION OF	Sookue Liberto	

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3073 CERTIFICATE OF DEATH	_	-	DIAIZIOM	OL STATISHICAE KESEWICH WIND	KECOKD2	- BALIIM
	3	07	3	CERTIFICATE	OF D	EATH

	3073		CERTIF	FICA	TE OF DEAT	ſΗ				03/	130
1. PLACE OF DEATH a. COUNTY Fr	rederick		MAR	LAND	2. USUAL RESIDENCE o. STATE Ken	,		b. COUNTY			nissian
b. CITY OR TOWN	(If autside carparate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN			rate limits, write R	URAL and gi	ive nearest t	awn)
RURAL and give			3 month	15	Coving	ton					
	PITAL (If not in haspital, S	jive Street c		10	d. STREET ADDRES				pho	e, IS	RESIDENCE
Barracks	Fort De				1129 Sco	tt S	Stree	t D	シスコ		NO P
3. NAME OF	Fir	'si	Middle		Losi	1	4. DATE	Man	ith	Day	*egr
(Type ar print)	MICH	ART.	Way	me	BIRCH		OF DEATH	Mar	ch	23	1961
5. SEX	M-4	-	IED NEVER MARRI	-	8. DATE OF BIRTH			9. AGE (In years	IF UNDER		NDER 24 HRS.
Mala		WIDOWE			10 May 1	943		last birthday)	Months	Days Hou	ırs Min.
Male	White TION (Give kind of work						foreign co		12 CITIZ	EN OF WHA	AT COUNTRY?
during mast af wa	arking life, even if retired)	U.S. Arm					entucky	72.01112	USA	11 COOIII
13. FATHER'S NAME	u- de		0,0, 1111	47	14. MOTHER'S MAID			care worky		0011	
Walter	R. Birch				Hilda I	M. 1	Reymo	1ds			
	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. H	NFORMANT Thoma.				ress US	A Arm	v
Yes, no, or unknown)	(If yes, give war or dates of s		00-56-1164		Sgt RA 34 1						Detric
	EATH [Enter anly one or				JEL RA JT I	, 0 .	777	HILL, ICI	30IIIIC 1		BETWEEN
	EATH WAS CAUSED BY:	iose bei iiii	Due to st	,						Unkn	ND DEATH
Candilians, if gave rise la cause (a), slatin lying cause las	immediate DUE TO)									
CATIC	THER SIGNIFICANT CON								EN IN PART	PEI	AS AUTOPSY REORMED?
	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)		Suicide l	y h							
20c. TIME OF INJU		or 20d. IN	NJURY OCCURRED	20e. Pl	ACE OF INJURY (Hame, actory, street, affice bldg.	farm,	20f. (City	ar tawn)	(C	aunty)	(State)
9:30 p. m	Mar 23 196	1 at work	Nat while at wark	1	Barracks T	-114	Fre	derick	Fr	rederi	ck Md
21. I certify th	hat (I) (thris hospito)cattend		fram	23 March	196	Lto		19	_, that (I) (we) last
saw the dece	ased alive an		19 - , and	that o	23 March g	PU	A, fram	the causes ar	d an the	date stat	ed abave.
22a. SIGNATURE	A	0 1	2 '								22b. DATE
	Honald	le . !	con		M.D. PHYS.	MED	CTOR	STAFF PHYS. TO		Mar	23 1961
22c. PHYSICIAN'S					22d. ADDRESS					Mai	23 1301
NAME (Type)	DONALD A.	PIOUS	, Capt. MC	3	USA Med	ica	l Uni	t, Ft. D	etrick	, Mar	yland
230. BURIAL, CREMAT	100, 236. DATE THEREO	0F 1961	23c. NAME OF CEM	LETERY C	DR CREMATORY		_	TION (City, town,	, ,	K	State)
24. FUNERAD DIRECTO			ADDRESS		25a.		BY REGIST		STRAR'S SIG	NATURE	-
S. Max	Line AOE	W	AYNES 130	RO	D.		28'6		Han &		
				- /							



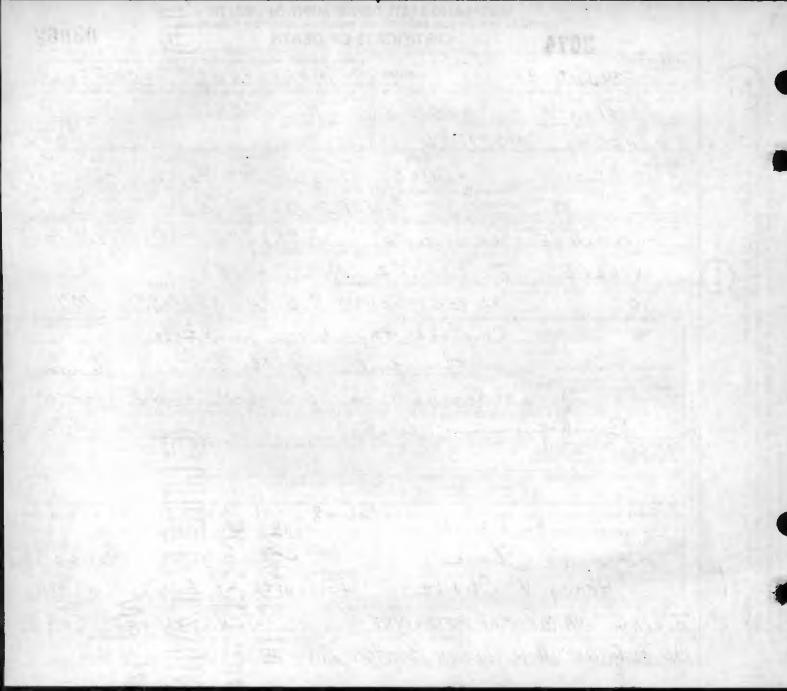
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L	3074	CERTIFICA	TE OF DEATH		00002				
1.	PLACE OF DEATH a. COUNTY FREDERICK	MARYLAND	2. USUAL RESIDENCE (Where deco	eased lived. If institution: Reside	ARRALL				
-	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside of	arporate limits, write RURAL and	give nearest town)				
	RURAL and give nearest town) FREDERICK	6 DAYS	KEYM,	AR	06X-3				
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	MEMORIAL HOST	MAL			YES NO				
	NAME OF DECEASED (Type or print) Ruth	A.GNES	Bond d. DA	ATH March	25 196/				
5.	SEX 6. COLOR OR RACE 7. MARRI	D DIVORCED	8. DATE OF BIRTH FFR 2 - 1908	9. AGE (In years leading) Solution of the second se	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.				
100	during most of working life, even if refired) HOUSE VILLE		JSTRY 11. BIRTHPLACE (State or forei		USA-				
13.	FATHER'S NAME	Ventra	14. MOTHER'S MAIDEN NAME	PPV					
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	- F////T	Address					
	is, no, or unknown) (If yes, give wer or dates of service)		DWIN C BOND	KEYMAR	MD				
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:	e for (o), (b), and (c).]	to _ l	Otalo	INTERVAL BETWEEN ONSET AND DEATH				
	IMMEDIATE CAUSE (o) DUE TO	121 1:	tromo es s	numpee	, , ,				
	Canditions, if any, which (b)	ath infa	the the	brain.	6 whs.				
couse (a), staling the under- lying cause last. (c) Arthron lever of Cerebral venels									
ATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO N				
ERTIFIC	101	10000	ED. (Enter nature of injury in Part I or	r Part II of item 18.)	под				
MEDICAL (20c. TIME OF INJURY Month, Day, Year 20d. IN Hour c. m. While	Nat while fr	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	(City ar town)	(Caunty) (State)				
>	21. I certify that (I) (this haspital) attended	0	Fel-28 1961	10 March 25, 19	61, that (1) (🖚) last				
	saw the deceased alive on March a	15 19 6/ , and that	death occurred at 11.4.M., fr	am the causes and an th					
	Jenry V. Che	rse	M.D. PHYS. DIRECTOR	STAFF PHYS.	March 25, 19				
	22c. PHYSICIAN'S NAME (Type) Henry V. C	hase.	4E. Church	St Freder	icle Md				
230	BURIAL CREMATION, 236. DATE THEREOF MAR28-1961	METHODIS	OR CREMATORY 23d, LO	OCATION (City, town, or county)	(State) MD				
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	250. REC'D BY RE		IGNATURE				
1	Up Harlyler y Some L	mon Brie	ge Madate MAR 2	8'61 Chilling	8. Kines				

TO HOSP 2. OR ATTEL G PHYSICIAN: The law requires that the death certificate be executed within 2. The rays after discussed and by the spiral ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld, 66 filled with the State Board of Health prior to buriol, cremotian, or removill, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/EV



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) MARYLAND C. LENGTH OF STAY IN 16 IIIIIIII h First Middle Last CORA IRENE BOSTION DATE OF BIRTH

o. COUNTY b. COUNTY MARYLAND FREDERICK URRDERICK b. CITY OR TOWN (If outside corporate limits, write CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURAL and give nearest town)
FREDERICK FREDERICK d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? REDERICK MEM. HOSPITAL 122 W. 5th YES NO NAME OF 4. DATE Month DECEASED OF DEATH 19 61 (Type or print) 9. AGE (In years lost by theday) 5. SEX 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED | IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Haurs June 30- 1875 Female WIDOWED A DIVORCED [100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

Mouse Wife U.S.A. O)WM Home Marvland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME MARY ELIZABETH PUTMAN LEANDER STULL 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SECURITY NO 229 Dill Ave. Frederick Mrs Eva Stull INTERVAL BETWEEN IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave tite to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🖼 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Homa, farm, 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f (City or town) (County) (\$late) factory, street, office bldg., etc.) Hour 0. m. Not while of work of work 1959, to Many 2 J. 1961, that I last saw the deceased 21. I certify that I attended the deceased from Aug. ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) THOMAS E. STONE 226 DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATON 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) WALKERSVILLE MD 28/**i**96] GLADE Burial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b REGISTRAR'S, SIGNATURE Curling S. Trans DATMAR 2 9 '61 WALKERSVILLE

Rea. Dist. No

Filed 8 Should Poges physician hours attending à burial-transit DIRE 20 0

requires that the

PLACE OF DEATH

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03064

o. COUNTY	rederick		MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryland	-	b. COUNTY	on Residence			
RURAL ond	WN (If outside corporate lim live nearest town) Orick	its, write	c LENGTH OF STAY IN 16	c. city or town (if a						
d. NAME OF F	OSPITAL (If not in hospital,)		oddress)	d STREET ADDRESS			,	e. IS RESIDENCE ON A FARM?		
10 Eas	t 14th Stre	et		10 East	14th	Street	•	YES NO		
3. NAME OF DECEASED (Type or print)	HAROL	rst D	Middle JAY	CASWELL	4. DATE OF DEATH	Mon Mar	_	Day > 61		
S SEX		7. MARI WIDOW	RIED NEVER MARRIED	B DATE OF BIRTH NOV. 20, 18	207	9 AGE (in years lost birthdoy) 63 yrs		YEAR IF UNDER 24 HRS Doys Hours Min.		
Male	White		KIND OF BUSINESS OR INDU				12 CITIZI	EN OF WHAT COUNTRY		
during most o	f working life, even if retired	1)		Massach		• •		J.S.A.		
Sales: 3. father's naa				14. MOTHER'S MAIDEN N		3		/ s D s A s		
Alle	n J. Caswel	1		Ada Br	dford					
S. WAS DECEASE	DEVER IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO. 17,1	NFORMANT		Add	ress			
NO NO. or unknown]	(If yes, give war or dates of		864-18-6511	Margie Ronn	Casw	ell 10	E. 1	4th St.		
	F DEATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]					INTERVAL BETWEEN		
PART	. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	of Ale	ente Coron	an oteles	- Tel - 2-20			15 min		
1 420	DUE TO			. 1 / 1						
Conditions	, if ony, which }	Il a	Tein dent	in blent	(/) ~	SERNE		10 mon +		
	to immediate DUE TO)				-				
lying couse	number of the output.	cl								
PART I	OTHER SIGNIFICANT CON	VDITIONS (CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	I(o) 19. WAS AUTOPS		
OLY PART !								PERFORMED?		
200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED Hour a.m., p.m. 19 While of work of										
21 certify	that (I) (this haspita	l) attend	ded the deceased frame	March 4 19	61.10	march	- 19.61	L. that ((we) las		
saw the de	eceased alive an My	- /	11 - 11	death accurred at	,M, from	the causes an	d an the			
720. SIGNATI	lenon l'	(hano	M D ATTENDING MA	ED IRECTOR	STAFF PHYS		3/6/6/		
22¢ PHÝSICIA NAME (T		C	hase	22d. ADDRESS 4E Chy	rch 5	+ Fred	erick	- Md		
23a BUR AL, CRE	MATION 236 DATE THERE	OF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCA	TION (City, town,	or county)	(Stote)		
Buria		,196	1 Mount Oli			ederick	-	ryland		
	CTOR'S SIGNATURE		ADDRESS		D BY REGIS	TRAR 25b REGI	STRAR'S SIGI	NATURE		
M. R.	Etchison &	Son	106 E. Chur	ch St. DATE M	AR 9	61	-1 9	Hanes		

Frederick, Md.

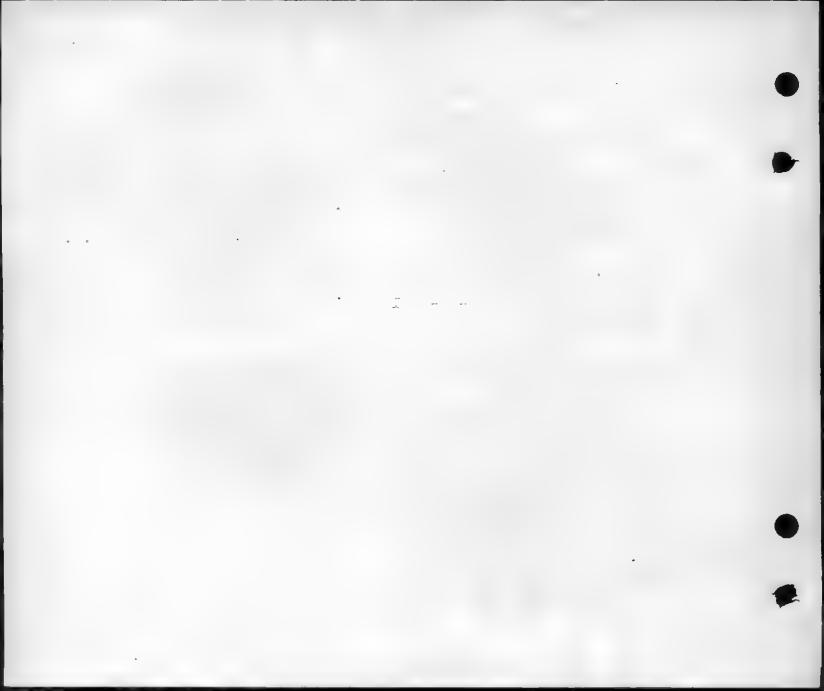
TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 of the State Board of Health grior to burial, cremation, or remayal, and in any event, with n 72 hours after death. pital or attending physician. VR A15 (4) 15M 9/59

PHYSICIAN: The law requires that the death certificate be executed within 2

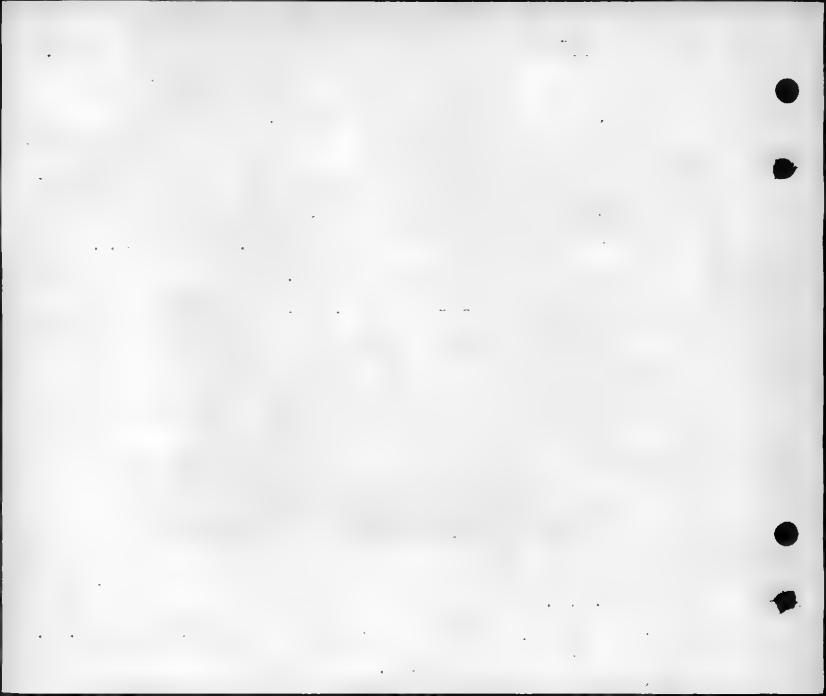
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FOR STATE			ME ME	DICA	L EXAMIN	NER'S	CERTIFICA	TE OF D	EATH		03065
HEALTH DEPT.	-	LACE OF DEATH	3077				2. USUAL RESIDENCE	When decord 1	Sund of Institu	The same of the sa	- Addition
\$ B =	1. 3	COUNTY	ederick		MAI	CHARLE	o. STATE		b. COUNT	v	
- E E	b	CITY OR TOWN (IF	pulside corporate limits, write	RURAL	c. LENGTH OF STA		C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				
M) 2 & 2 C		Emmitsburg	7.		4 years	3	Emmitsburg	7.			
d d direct	d	NAME OF HOSPITA	L OR INSTITUTION (I	not in hos	pital, give street addr	ess)	d. STREET ADDRESS				e IS R 5 DEN'E
E B B S F			l Avenue				Federal	Avenue_		alia vanan	YES NO
\$ 5 5 A		NAME OF DECEASED	Fire	?	Middle		Lost	4. DATE OF	Month	Day	Year
be be	5. 5	Type or print) EX	6 COLOR OR RACE	7. MARRIE	William D. D. NEVER MARRI	ED-ET B	COOL		larch	IFUNDER TYEAR	19 61
H 3 to may with with wrs	M	ale	White	WIDOWED			ugust 5. 191	7	nt b.r(hday)	Months Days	Hours Min
ond 2	10o	USUAL OCCUPATIO	1.1.1	lone 10b K	IND OF BUSINESS O		TY 11. BIRTHPLACE (Stor	e or foreign count		12. CITIZEN O	F WHAT COUNTRY
1.2. 10.00 10.00		Brick Mas					Fairfield	l, Pa.		U.S.A.	
5828 T	13.	FATHER'S NAME	_				14. MOTHER'S MAIDEN			-	
Pod a s	16	Samuel Co	OOL RINUS ARMED FOR	2000	COCIAL CECUMITY DIS	lug m	Mary E.	Small.	~		
G Give	[Yas,		Iff yes, give wor or dates at s	srvice)	social security no 18-09-5469			τ	Address	an Mara-l	
in i			H [Enter only one cau			T 50	nn F. Cool,	1	SOT CTUIO:	re, Maryl	EVAL BETWEEN
iong long		PART I. DEAT	H WAS CAUSED BY:		ronary Thr	രത്തിര	ri e				hour
The Table To		21 5	DUE TO		TANKER T TITE	. VAMACOLI	2,1-(0)				mour.
Official of the company of the compa		Conditions, if on									
o de a co		gave rise to immed (a), stating the u									
should be a should	7	couse lost,	(c).	NAME OF	MATRIELITING TO DE	THE DELT N.	OT RELATED TO THE TERM	Albuda Dissass Co	AND THOSE CO.	(2) 10 1 1 1 1 1 1 1 1 1	A LALAS ALLEMANA
indige of the second of the se	ATIO	PAK) 11, UTI	ER SIGNIFICANT CONE	ZITION'S CC	NIKIBOTA O TO DEA	(III) BOT IN	OF KEDATED TO THE TERM	WINNEDIJENSE CE	DADITION GIV	. 1	PERFORMED?
ipe dico	TIFIC	200 EXTERNAL CAU	SE WAS 201	DESCRIBE	HOW INJURY OCC	URREO (E	nter nature of injury in Pa	ert For Port II of i	tem 16.)	1	TO NO 36
word word and a Me	CERTIFI	PRIMARY OF CON CAUSE OF DEATH.	IIINBUING LI								
Thie the the the the the the the the the th	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d 1 While		20r. PLAC	E OF INJURY (Home, for try, street, office bldg., et	m. 20f. (City or c.)	lown)	(County)	(State)
ing ing	ME	p. m.	19	et wo	rk 🔲 et work 🔲						
A P P P P P P P P P P P P P P P P P P P		_					ve, held on Autop				*
10 CO TO		opinion death	resulted from: N	Notural c	auses <u>te</u> l, Acc	ident [], Suicide [],	Homicide	J. Undete	rmined monne	r 📙
PICA sed		ACTUAL SIGNATURE	Otho	me	<u></u>		CHIEF MEDICAL I	EXAMINER 🗍			DATE SIGNED
ME for			-			-	ASSISTANT MEDI	CAL EXAMINER) l	March 25,	1961
de Residente		EXAMINER'S NAME (Type)	r. B. O. T	homas	134	_	DEPUTY MEDICAL	EXAMINER 📆		770 A W A MA	
FUN SE	27a	BURIAL, CREMATION	1		22c NAME OF CEME	TERY OR	CREMATORY	22d LOCATION			(State)
5 , 4 5 ,	21	Burial FUNERAL DIRECTOR	March 28	,1961	New St. J	osepl		Emmits		rederick STRAK'S SIGNATUI	
VS_A15ME * 5M 2/57	-	13.50	21/1000	, p.		363					
प्राण वर्षा	<u></u>	C. E. Wil	son) H	mitsburg,	_Md.	DATE	NR 2 8 '61	J_Chi	huy S. Hrau	No.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2079

CERTIFICATE OF DEATH

030Re

	0010	O +1(11111)		0. 0	•			UU	IUI		
1. PLACE OF DEATH a. COUNTY				JSUAL RESIDENCE (V	Where decease	d lived. If institution	on: Residence b	efore adm	ission)		
-	erick	MARYLAN	ND	Maryla	and	B. COUNTY	rederi	ck			
b. CITY OR TOWN	(If autside corporate limits, v	write c. LENGTH OF STAY IN	1b -	. CITY OR TOWN (I	f outside corpo	rate limits, write R	URAL and give	nearest to	wn)		
RURAL and give t	erick	Years	- 1//	Frederi	iek						
d. NAME OF HOSP	ITAL (If not in hospital, give		2	d. STREET ADDRESS	LOX				RESIDENCE		
OR INSTITUTION						maah			A FARM?		
	s Avenue		- 11 4	50 West So				1123			
3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Man		Day	Year		
(Type or print)	MABEL			CRUMMITT	DEATH	March	-	24	1961		
SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	□ B. D/	TE OF BIRTH		9 AGE (In years last birthday)	Manths Day		7		
Female	White W	DOWED 📆 DIVORCED [] Ma	y 4. 1892		68 yrs.	Mailins Day	ys Hour	rs Min		
00 USUAL OCCUPATI	ON (Give kind of work done	106 KIND OF BUSINESS OR II	NDUSTRY	11 BIRTHPLACE (Sta	te or foreign c	ountry)	12. CITIZEN	OF WHA	COUNTR		
Housewo	rking life, even if retired)	At Home		Maryla	nd		U.S	S.A.			
3 FATHER'S NAME	1.5	NO NOMO	14	MOTHER'S MAIDEN							
Total Server A	Manchanan			Clara Vi	incinda	Hood					
	Montgomery	? 16 SOCIAL SECURITY NO	17 INFOR		TISTITA	Add	ratt				
(Yes, no, or unknown)	(If yes, give war or dates of service							7 1			
No		None	Mrs.	<u>Eileen Sl</u>	neets	(Same as	item #.	1/			
		per line for (a), (b), and (c)	2	1. (7 . 1			NTERVAL	BETWEEN		
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Licale Li	220	lead &	relec	22-	7	fres	سا		
1441	DUE TO	1	,		•						
Conditions, if	any, which }	mu ast he		* Gun	22/20	2		127	20		
gave rise to	immediate (1									
Lying course less											
	, 101—	ONS CONTRIBUTING TO DEATH	L RUT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	/EN IN PART 1(c	1 19. WA	S AUTOPS		
PART II. OT		401111111111111111111111111111111111111		NEW TO THE TEN	SALLY STATES OF			PER	FORMED?		
		preceipe month hithipy - co.			D . 1 D	. II (11 - 10)		YES (□ NO 5		
OR CONTRIBUTION	G [] CAUSE OF DEATH	DESCRIBE HOW INJURY OCCU	UKKED. (Er	iter nature at injury i	n ran i or ra	rr II ar tiem 15 }					
	Y MEDICAL EXAMINER)										
20c. TIME OF INJU				OF INJURY (Home, fa street, office bldg., e		y or tawn)	(Caun	(ly)	(Sta		
p. m.	10	While Not while at work	,,								
21 Leartify th	at (I) (this basnital) a	ttended the deceased fro	m Ja	22	042 10	Mound	241061	that /D	twal la		
1		11 1 1 1 1	0				-				
22a SIGNATURE	ased alive on	17_GE and th	ar aearr	accurred at 8	TIN THOM	the causes an	a an the ac	are state	22b DATE		
220 SIGNATURE	2111			ATTENDING	MED	STAFF	Monah 2	£ 70	SIGN		
22c PHYSICIAN'S	Wollow	2200	M.D	PHYS. 22d ADDRESS	DIRECTOR L	PHYS [March 2	را ور	701.		
NAME (Type)					171	T OF E		1. 16.	a		
	B. O. Thomas	s, M.D.		228 Nort	h Marke	et St., F	rederic	K ₂ MC	1.		
23a BURIAL, CREMATI- REMOVAL (Specify	ON, 236. DATE THEREOF	23c, NAME OF CEMETE	RY OR CRI	MATORY	23d. LOCA	TION (City, town,	or county)	(S	late)		
Burial	3/28/61	Frederick	Memor	ial Park	Free	derick		Marvi	Land		
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		25a. RE		TRAR 256 REGI	STRAR'S SIGNA	ATURE			
M. P. Etch	igon and Son	Frederick Ma	ralar	nd DATE	MAK Z /	'61 C	Lithur S. +	Traces			

director TO HOSP 14. OR ATTERNIE THE PHYSICIAN: The law requires that the death certificate be executed within 27. Furs after decument when the part of the par VR A15 (III) 15M II/59



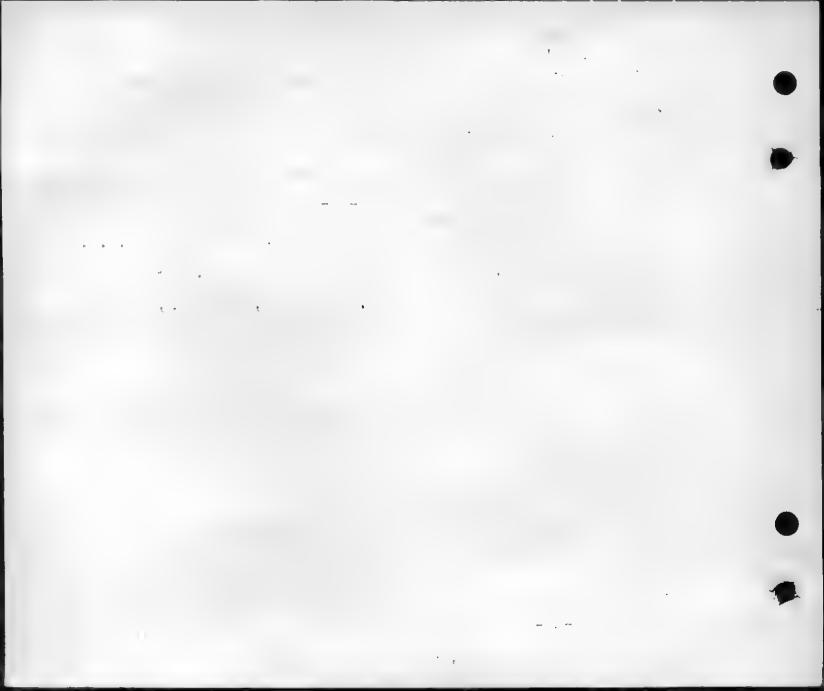
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02000

0010	CERTIFICA	IL OI DEATH	1101101
, PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived.	
Frederick	MARYLAND	o. STATE Mary land	Frederick
b CITY OR TOWN (If outside corporate limits, win RURAL and give nearest town)	ite c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limit	ts, write RURAL and give nearest town)
Frederick		Brunswick	-
d NAME OF HOSPITAL (If not in hospitol, give s'		d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
Memorial F	[ospital	9 Terrace Avenue	YES NO
NAME OF DECEASED Type or print) Margaret	Elizabet	4 Cullen OF DEATH M	arch 10 1961
SEX 6 COLOR OR RACE 7.	WARRIED THE AFK INSWITED TO		(n years IF UNDER 1 YEAR IF UNDER 24 HR
	OWED DIVORCED	2-10-1930 23	yrs
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTR
None		Virginia	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Leonard S		Mary E.	
WAS DECEASED EVER IN U. S. ARMED FORCES? . no, or sinknown) [(If yes, give wer or dates of service)	16. SOCIAL SECURITY NO 17 II	NFORMANT	Address
N●	Mr	Mary Lucas, Brunsw	ick, Maryland
1B. CAUSE OF DEATH [Enter only one couse	er line far (0), (b), and (c).]	11. 1 5.1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ongestive,	Heart failure	du 5 day
DUE TO	ADI.	+ 1/- 1- 1·	
Conditions, if any, which) (b)	lo- / Theuma	lie Heard assa	20 10-you +
gave rise to immediate DUE TO		7	
lying couse lost. (c)			
PART H. OTHER SIGNIFICANT CONDITION	ons Contributing to DEATH BUT	not related to the terminal disease cond	TION GIVEN N PART I(O) 19. WAS ALTOPE PERFORMED? YES D NO
20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW THIURY OCCURRE	D (Enter holure of injury in Port I or Port I of ite	em 18.}
Hour o.m. V		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (Star
21. 1 certify that (1) (this hospital) at	tended the deceased from	march 9 , 1961 , 10 may	relice, 19.6 (, that (1) (we) to
sow the deceased olive on how	510 1961, and that	death occurred at 2 M, from the ca	
Lenny V. Ch	are	M.D. ATTENDING MED STAF	Z2b DATE
22c PHYSICIAN'S NAME (Type) V. Cho	LS e	4 E. Chutch St	Frederick, Md.
BURIAL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 23d LOCATION (CI	ity, lown, ar county) (State)
REMOVAL SPICIFICAL 3-13-61	Brownsville	Heights Browns	2777 202
FUMERAL DIRECTOR'S STENATURE	ADDRESS	25a. REC'D BY REGISTRAR	256 REGISTRAR'S SIGNATURE
Thu teelet Brun	swick, Maryland	DATE MAR 1 7 '61	aring S. Kraus

TO HOST CO. OR ATTENDED TO BE STORED THE LIGHT SHE LIGHT SHE SHOW THE CONTROL OF ATTENDED TO BE A MADE OF THE CONTROL OF THE C

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

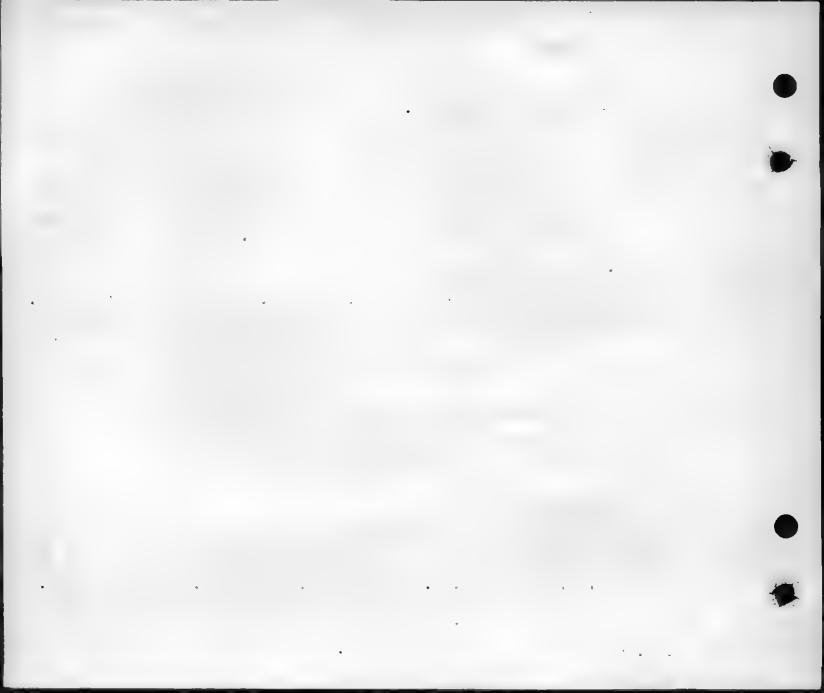
03068 CERTIFICATE OF DEATH

		2020		GEN7111	,,,,,								
1	• COUNTY Frede	rick		MARYLA		usual residi o. State	aryl				re de		
	b. CITY OR TOWN (If or RURAL and give neare A dam's town-	otside corporate limi est lown) Ringel Ri	ts, write	c. LENGTH OF STAY IN	1Ь	city or to					ond give	nearest tax	m)
]	d. NAME OF HOSPITAL OR INSTITUTION		- // -			d. STREET AD	DRESS		2021			ON	SIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	JAMES		EDWARD	DIX	Lost CON		4. DATE OF DEATH		Month		Day	Yeor 19 61
5	Male 6	COLOR OR RACE White	7- MARI WIDOW	RIED NEVER MARRIED ED DIVORCED [ے ایما	ATE OF BIRTH		?	9 AGE (In ye		NDER 1 YE		
10	a. USUAL OCCUPATION Retire d'working	(Give kind of work of life, even if retired)	1	KIND OF BUSINESS OR I	NDUSTRY	Urba			ountry)	1	USA	OF WHAT	COUNTRY
13	James B.	Dixon			14	Marth Marth			hols				
15 (Y	WAS DECEASED EVER III	U. S. ARMED FOR		social security no 15-36-6380	17 INFOR		ie O	. Co:			D#1, amst	own,	Md.
	PART I. DEATH Conditions, if ony, gove rise to imm couse (o), stoling the lying couse lost.	WAS CAUSED BY MEDIATE CAUSE (o DUE TO which ediate under- (c)	Tardio							6	STATE	D DEATH
LIFICATION				CONTRIBUTING TO DEATH							N PART I(o	PERF	ORMED?
MEDICAL CERTIF	20c ACCIDENT WAS I OR CONTRIBUTING ☐ (IF EITHER, NOTIFY ME 20c TIME OF INJURY Hour o. m. p. m.		MAIL		e. PLACE factory	OF INJURY (H , street, office	lame, farm. bldg., etc.	20f. (City	or town)		(Соил	†y)	(Stote
				ded the deceased fr		1	OA		the causes			ate state	d abave
	22c PHYS CIAN'S	1300	ho	mas	M.D د	ATTENDING PHYS 72d ADDRES		ED RECTOR	STAFF PHYS		9 Ma	rch	1961
	NAME (Type)			, M. D.		228 N			St.,			ck,	la d.
	O BURIAL, CREMATION, B. REMOVAL (Specify)	3/10/6		Mt. Olive			. A		dericl	K, M	aryl	and	ote)
24	M. R. Etc	hison &	Son	ADDRESS Frederic	ck, N	ld.		AR 1 0			ir's signa ing 2 %		

DATE

TO HOSPICAL OR ATTENUE PHYSICIAN: The law requires that the death certificate be executed within 24 Payrs after death page 4 may be somed by the pital ar attenting physicion.

TO FUNEKAL DIRECTOR, After this certificate has been signed by the attending physician and completely fill count by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages 1 and 2 should be filled with the State Board of Health prior to burial, cremotian, or removal, and in any event, within 72 hours after death VR A15 (4) 15M 9/59



RYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT TO L. TY MEDI. EXAMINER: This certificate should be executed within 24 hours after death. please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriel, cremation, or removal, and In any event within 72 hours, after death,

VS. A15ME 5M 7/59

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND?

ı.	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
	Frederick MARYLAN	o. STATE Maryland b. COUNTY Frederick							
1	b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN								
A	write RURAL and give nearest fown) Frederick 7 Days	Frederick-Rural RD#7							
	d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospitel, give street eddress)	d. STREET ADDRESS (e. IS RESIDENCE							
2	Frederick Memorial Hospital	Pearl ON A FARM?							
4	3. NAME OF First Middle Middle	Last 4. DATE Month Day Year							
	(Type or print) ALICE LOUISE	FOGLE DEATH March 30, 19 61							
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS							
-)	Female White WIDOWED X DIVORCED	2 Jan 1890 (1) Annths Days Hours Min.							
1	10%. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	done during most of working life, even if retired) Domestic Day Work	Urbana, Maryland USA							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Ephriam Biddinger	Josephine Biser							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	*							
	NO 21), 10_5587	heodore E. Thompson, Jr., Doubs, Md.							
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]	I INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: Traumatic Cerebr	ral Contusion & Hemorrhage							
	7/6 X DUE TO								
	Conditions, if eny, which (b)								
	geve rise to immediate cause	to the control of the							
	(e), stelling the underlying but to								
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY							
	N N N N N N N N N N N N N N N N N N N	PERFORMED? YES X NO T							
in _{la}	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING II CAUSE OF DEATH. Collison with and	D. (Enter nature of Injury in Part I or Part II of Jam 18.)							
-	PRIMARY (X or CONTRIBUTING Collison with and	ther automobile							
	3 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Da.	PLACE OF INJURY (Homa, form, 20f. (City or town) (County) (State)							
	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED & Do. 5 Hour X 90 3-23 1961 et work 2 et work 2 Pt	(schry, street office bldg., stc.) Route 100 Near Pearl-Frederick-Maryland							
	21. I certify that I took charge of the remains described above,								
	death resulted from: Natural causes , Accident XX S	uicide , Homicide , Undetermined manner							
		CHIEF MEDICAL EXAMINER							
	SIGNATURE SOLUTIONS	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED							
10		DEPUTY MEDICAL EXAMINER X							
NAME (Type) B. O. Thomas, M. D. Address (Street, city, town, or county)									
	226. BUR.AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER)								
	Burial 4-3-61 Frederick Me								
	M. R. Etchison & Son, Frederick, Maryl	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
	has he bounded a bong frederick, mary	DATE APR 3 '61 Criting & Krause							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

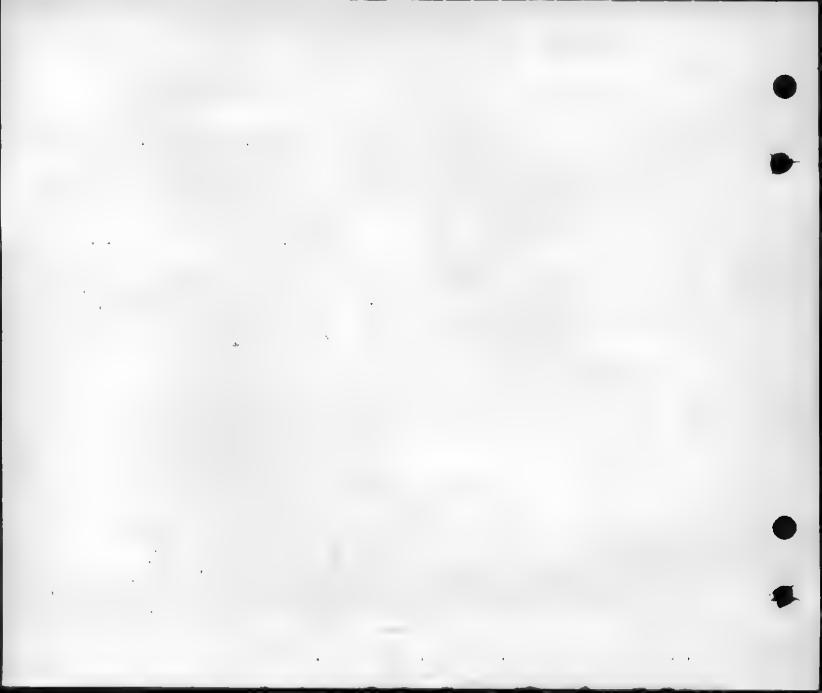
2003

0307:

_ L	3003 CERTIFICA	TIE OF DEATH						
1	place of Death a. COUNTY Trederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE b. COUNTY Frederick						
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)						
-	Frederick 2 Days	Frederick						
	d. NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE ON A FARM?						
1	frederick Memorial lospital	371 Madison St.Frederick, Md. YES NO I						
	NAME OF DECEASED (Type or print) Robert Alan	-ranklin Date Month Day Year PEATH March 37 1961						
	make 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	march 25, 1961 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys Hours Min.						
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	None None	Maryland. U.S.A.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Paul trederick tranklin	Roberta Lec Grove						
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. [17 (Yes. no. or unknown) [(If yes, give wor or dates of service)]	Madison St.						
	P:	ul Frederick Franklin, Frederick, Md.						
	200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCUR	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO RED. (Enter noture of injury in Part I or Part II of Item 18.)						
	\$ 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)						
	21 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 19 and that 22a SIGNATURE TREE TREE TREE TREE TREE TREE TREE	death accurred at 5: PM. from the causes and an the date stated abave. ATTENDING MED DIRECTOR STAFF 3-27-176 22d. ADDRESS Frederick Medical Center, Frederick, Md.						
,	23a BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town, or county) (State)						
	REMOVAL (Specify) Burial 3/29/61 Wount Olivet 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery Frederick, Maryland.						
	.R.Etchison & Son, 106 E.Church St.Frede	ord olembled DATE MAID O O 104						
F	2069,243 XVI	Techanica John MAR 3 U ht College S. Watte						

TO HOS' (LOR ATTE OF PHYSICIAN: The law requires that the death certificate be executed within 24 yours after deal age 4 may be rained by the prival or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be field with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours of field and 2 shauld be field with VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH R STATE Rea. Dist. No ALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission · COUNTY Frederick b COUNTY Frederick Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write BURAL & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walkersville-Rural 5 Walkersville-Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? Wear Walkersville Near Walkersville YES KIK NO [3. NAME OF Middle 4. DATE Month Ywar DECEASED LOUIS (Type or print) GARDNER. JR. WERER DEATH 1961 March 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF LINDER 24 HRS moy b 25 Hours Min. Male White July 1935 WIDOWED | DIVORCED [the word 'pending' in pencil in Item 18 Give Poges 1, 2, and Chief Medical Examiner's Office along with form PM3. Page 5 is should be used as a burial-Iransit permit. File pages I and 2 100. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farm Maryland USA Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME event Louis W. Gardner. Sr. Lurline M. Harley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT [If yes, give war or dates of service] 212-38-968 Louis W. Gardner. (Same as item #1 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Suffocation IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NOTX 20g. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) Manth, Day, Year (State) factory, street, office bldg., etc.) m at work N at wark olde 21. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection XI, Inquiry KI. and in my CTOR: opinion death resulted from: Notural couses . Accident XX. Suicide . Homicide . Undetermined manner DIREC DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE Should be FUNERAL ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** 15 Larch 1961 Thomas. L. D. NAME (Type) DEPUTY MEDICAL EXAMINER TO 220. BURIAL, CREMATION | 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (State) REMOVAL (Specify)
Burial St. John's Cemetery Frederick. Maryland ٩ ٥ 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Etchison & Son, Frederick, Md. VS. A15ME 5M 2757



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 FOR STATE HEALTH DEPT. TO DEPTEX MEDICAL EXAMINER: This certificate should be exemled within 24 hours after death. If any is necessary exection, the state ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the projector described as shown be founded to your state of the pencil in Items of the pencil of th 1 η^{ℓ} Street, W. Wall 8 VS. ATSME

5M 2/57

<		3085 MEDIC	AL EX	AMINER'	S CERTIFICA	ATE OF	DEATH Res	g. Dist. No.	03073	
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)								
L	Fre	STATE VII	ginia	P. COUNTY I	oudon	Α				
Æ	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)			GTH OF STAY IN 16	c. CITY OR TOWN	L and give nee	orest town)			
	Frederic	k		Hours	Lucket	Lucketts				
	d NAME OF HOSP TA	L OR INSTITUTION (If not in	hospital, giv	e street oddress)	d. STREET ADDRES	35	30	_ T	ON A FARM?	
1	Frederick Memorial Ho			tal				*	YES NO 🔼	
3.	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Doy	Year	
	{Type or print}	CHARLES		JTHER	GREEN_	DEATH	March	5,	1961	
5.	SEX	6. COLOR OR RACE 7. MA	RRIED 🗍 N	EVER MARRIED	B DATE OF BIRTH		9 AGE (In years IF UN less burinday) Mant		Hours M.n.	
7	ale	111111111111111111111111111111111111111	WED 🗗	DIVORCED 🔲	man and the same	L905	55 yrs	III Deys	ridurs M.n.	
10	 USUAL OCCUPATIOn during most of working 	N (Give kind of work done 10 Life, even if retired)	6. KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (S	tote or foreign co	ountry) 12		WHAT COUNTRY?	
	Railroad				Virgir	nia		U.S	.A.	
13	, FATHER'S NAME				14. MOTHER'S MAIDE	N NAME			_	
	Thomas !	H. Green			Ida Jar	ne Fry				
15		R IN U. S. ARMED FORCES?			NFORMANT		Address	relian artista 🖛 e		
1	No	in year, give man or owner or service)	722-0	05-529 AM	s. John A	they	Luckett	s, Vi:	rginia	
	18 CAUSE OF DEAT	H [Enter only one cause per	an anima		· Any years disperse	~ "	~	TIMITERY	AL BLUWIEN	
PART I. DEATH WAS CAUSED BY: RUPTURED LIVER									OUTES	
	211	DUE TO								
	Conditions, if	A	RUSHE	D CHEST						
	gove rise to immed	iote couse	210011	0111101					-	
П	(o), sloting the u	nderlying [RACTU	RED RIBS	ON RIGHT	SIDE				
2	PART II, OTH	ER SIGNIFICANT CONDITION	CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASI	CONDITION GIVEN IN	PART 1(0) 19.	WAS AUTOPSY	
1 E									PERFORMED?	
CERTIFICATION	200. EXTERNAL CAU	SE WAS 206 DESC	RIBE HOW	NJURY OCCURRED I	Enter nature of injury in	Part I ar Fort II	of item 18 1	111	MA NO EL	
ERI	PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING P1177					ni U.S.#40	0-Inte	arsect.	
	20c TIME OF INJUR	Y Month Day Year 2	LI BUILDING Z	COURSED 120m BL	CE OF MILIBY W	Same to a		(County)	(State)	
Ten 1 VV % / la / fc 1 Ul festent altre bide atc 1										
		at I took charge of th					spection K. In	quiry X	and in my	
	'	resulted fram: Nature				. Hamicide	_			
		1-1							DATE VIOLEN	
	SIGNATURE									
	EXAMINER'S	T) 0 PTI		** D		DICAL EXAMINE	7 7	3/6/	/67	
	NAME (Type)	B. O. Th	omas,	E D.	DEPUTY MEDIC	AL EXAMINER	<u> </u>	0/0/	, OT	
22	REMOVAL (Specify)	N. 226. DATE THEREOF		ME OF CEMETERY O		27d. LOCAT	TION (City, town, or cour	nty)	(State)	
	Burial	Mar. 8, 196.		rnace Mor			ketts	Virg.		
23	FUNERAL DIRECTOR			DRESS		MAR 9	10.0			
	M. R. Eto	chison & Son	FI'e	get.Tck,	Mar. A Tatio	man 3	'61 ant.	un S. Tha	us	

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FOR STATE HEALTH DEPT:

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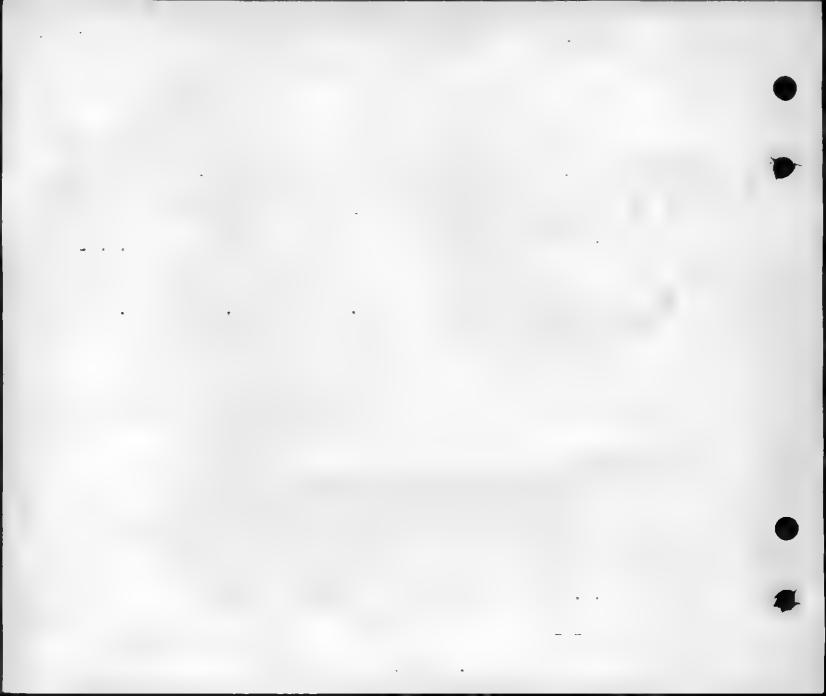
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3086 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03074

1.	Dist.	No.	-	ļ	ð	{}	6	-

Ŀ														
1		LACE OF DEATH COUNTY	Freder	ick		MARYL	AND	2. USUAL RESIDE		Tland		intion-Residence		
1	b	CITY OR TOWN (Fe	utside corporate himits, write	ROPAL	c LENGT	H OF STAY II	N 1b	c. CITY OR TO	WN (II	oviside cor	porate limits, wri	RURAL and giv	re neo	rest town)
1			Drunswick	ζ.	20	vears		Dru	nsw	vick		46 84		
	ď	NAME OF HOSP TA	L OR INSTITUTION (I	f not in hosp	pital, give s	treet address)	d. STREET ADD					1	E IS PES DENCE
		24 North	Virginia	Ave	nue			24 Nor	th	Vir.	inia Ar	renue !		YES NO
		AME OF ECEASED	Fire	î		Middle		Last		4 DATE	Mai		Осту	Year
1		Type or print)	Boulah		Virginia		Grove		DEATH	3	5		19 61	
	5. 51	EX	6. COLOR OR RACE	7 MARRIE	D NEY	ER MARRIED	0 8	PATE OF BIRTH 8			9. AGE (In years fost birthday)	IF UNDER TYE	-	F UNDER 24 HPS
	F	e sale	White	WIDOWED	G:	DIVORCED []]	0-27-10	93		67 yrs	Months Day	1	Hours Min.
	10o.	USUAL OCCUPAT OF	N (Give kind of work	done 10b. K	IND OF BU	SINESS OR II	NOUSTRY	11. BIRTHPLACE	(Stote	or foreign c	ountry)	12 CIT ZEN	OF	WHAT COUNTRY
		Housekee		H	ome			Maryl	and	1		U.S	. A	_
ľ	_	FATHER'S NAME						IA. MOTHER'S MA				1		
ı			John H	fume 1.	sine					Lil	lie mit	low		
Ì			R IN U. S. ARMED FOI	RCES7 16 S		URITY NO	17. INF	ORMANT			Addre			
	(res,	No. of unknown)	(If you, give war or dates of	service)			life.	.Helen	T.c	Wary	Ha sans	town.M	9 77	wland
ŀ			H [Enter only one cou	se per line f	or (a), (b).	and (c)]		A TO VENT A SECTION AND A SECTION AND ASSECTION ASSECTION AND ASSECTION ASSECTION AND ASSECTION ASSECTIO	- addad. Y		TYANG A TE	I	NTERVA	M. BETWEEN
1		PART I. DEATE	WAS CAUSED BY:			Coro	nar	Throw	has	rist			DINSET :	AND DEATH
١			MMEDIATE CAUSE (o)			0010		1 124 02		7 3. 10				
1	OUE TO													
J		Conditions, if on gove rise to immedi	ofe Couse											
(a), stating the underlying DUE TO														
1	,	couse lest. (c). PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY												
١	CERTIFICATION			VIIIO 13 CO		O TO DENTI		RELAILD TO IT	LIERNY	IIIAEDISEAS	E CONDITION O	TYPIN IN TAKE I		PERFORMED?
	CERTIF	200 EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE	ILVI MOH	JRY OCCUR	RED. (Enl	er noture of injury	in For	t i er Part 11	of Hem 18.)			
	MEDICAL	20c. TIME OF INJUR Hour g, m,	Y Month, Day, Yea	White	NJURY OCC	while	e. PLACE factor	OF INJURY (Home, street, office bid	e, form	20f. (City	r or lewn)	(County	}	(State)
1	1		at I tank charge				abov	held on A	utons	V 🗆 1	nspection 3	Inquiry	हरा	and in my
ı	- 1	21. I certify that I taok charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner												
ı		opinion death i	esuried fram: 1	Adiolal C	goses [J. Accio	CIII [i, soicide [- 1'	numerge	, Under	erminea mai	nner	
1		ACTUAL A	Quap.		AI			CHIEF MEDI	CAL E	VAAHINED [- (DATE SIGNED
	- 1	SIGNATURE	scomo	Tyu	سيامات			M.U.		AL EXAMINE	. [7]		3.	/5/1961
*		EXAMINER'S NAME (Type)	B.O.Thoma	13				DEPUTY ME			., —		ا السد	J/ 11/01
	220.		226 DATE THEREC	F	22c. NAME	OF CEMETE	RY OR C	REMATORY		226 LOCA	TION (City, town	, or county)		(Stole)
		REMOVAL (Specify) Burial	3-7-196	1	Ret	രസമര	д			Kno:	Y37377	Browns -	To me	
	23	FUNERAL DIRECTOR!			ADDR		~	240	. REC'	D BY REGIST	RAR 246. REC	KIDI SE TATILA	TOPE	
	R.	They to	a Bri	ากสุพว	ele Nie	ryla	nd	D/	ATE M	AR 9	61 6	· · · · · · · · · · · · · · · · · · ·	1.044	
	Carpe	THE LAND		-1011	التلو الاحد	T. Y. L.	1111							

TO DEPUTY MEDICAL ET. 41NER: This certhicate should be executed within 24 hours after death. If any deliby is necessory, please executed to certification ing the ward "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the most director 4 shown be forward. The Chief Medical Examiner's Office along with form PM3. Page 5 may be for your interpretable process. The pages 5 may be for your interpretable process. I am 2 with the State Board of Health, or its designated agent, prior to be wird, cremation, ar removal, and in any event within 72 hours after death. VS A15ME 5M 2/57



TO HOSY IZAL OR ATTEN G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death may be added by the but of control of certificate has been signed by the attending physician and completely filled to the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, shauld be the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

3087 Itom	CERTIFICA	TE OF DEAT	Н		03075					
1. PLACE OF DEATH COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE	(Where deceased lived, b	If institution: Resider COUNTY Fre der i						
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	- 7	(If autside carporate lim							
RURAL and give nearest town) Frederick	30 Years	Frederick		11						
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS	S		e. IS RESIDENCE					
Prederick Memorial Hos	pital	121 E. P	atrick St	reet	ON A FARM? YES NO 🔀					
3. NAME OF First	Middle	Last	4. DATE OF	Manth	Day Year					
(Type or print) Fary	Catherine	Hemp	DEATH	rch	4 '61					
	RIED NEVER MARRIED	8. DATE OF BIRTH	fort	E (In years IF UNDER						
'emale White widow	ED DIVORCED	October 1	4,1×80	birthday) Manths	Days Haurs Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (SI	tale or foreign country)	12 CIT	IZEN OF WHAT COUNTRY?					
	lousework	Jeffers	on Maryla	nd II	S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDE	EN NAME							
Carlton Horine	_	Americas	Culler							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) [(If yes, give wor or dates of service)]	SOCIAL SECURITY NO. 17 IN	IFORMANT		Address						
	20 30 9454 :	issElizab	eth A. He	mp.121 E	Patrick.					
18. CAUSE OF DEATH [Enter only one couse per li	ine far (a), (b), and (c)]				INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: . IMMEDIATE CAUSE (o)	Constrat in	ancular.	enere cational	12 Asabel	O 3 Mall					
DUE TO		4.00	- contract to an ex	/						
Conditions, if any, which) (b) tractioner										
gove rise to immediate cause (a), stating the under.										
lying couse lost. (c)										
PAM II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE CON	DITION GIVEN IN PAR	RT 1(a) 19 WAS AUTOPSY PERFORMED?					
PAM II. OTHER SIGNIFICANT CONDITIONS					YES NO					
TO ACCIDENT WAS LINDERLYING TO 206 DES	CRIBE HOW INJURY OCCURRE	(Enter nature of injury	in Part I ar Part II of i	tem 18.)						
OR CONTRIBUTING CAUSE OF DEATH										
20c TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Home, tory, street, office bldg.,	farm, 20f. (City ar tow	vn) (County) (Stote)					
Hour a.m. p. m. 19 19	PIOT WILLIE	.rory, sireel, dilica biag.,	erc.,							
21. Legitify that (I) (this haspital) attent	ded the deceased from		1252 to 3	-4- 196	L, that (I) (we) last					
saw the deceased alive on 3 = 3	2 2//									
22a SIGNATURE	/ And mark	leani decorred or ;	, , , , , , , , , , , , , , , , , ,	00303 0110 011 111	22b. DATE					
Mar 11. 2 70	2 hom	M.D. PHYS	DIRECTOR PHY	rs. 🗆	SIGNED					
22c PHYSICIAN'S		22d. ADDRESS								
Rex R. Mart	NAME (Type) Rex R. Martin M.D. 220 M. Narket St. Frederi									
23a. BURIAL, CREMATION. 23b DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, tawn, ar county)	(State)					
Burial 3/6/61	Lt. Olivet	Cematery	Frederi	ck, Waryl	and.					
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REC'D BY REGISTRAR	25b. REGISTRAR'S S						
1 .R. stchison & Son, 10	6 E.Church S	t. DATE	MAR 9 '61	arthur S.	Kraue					
	rederick,M									



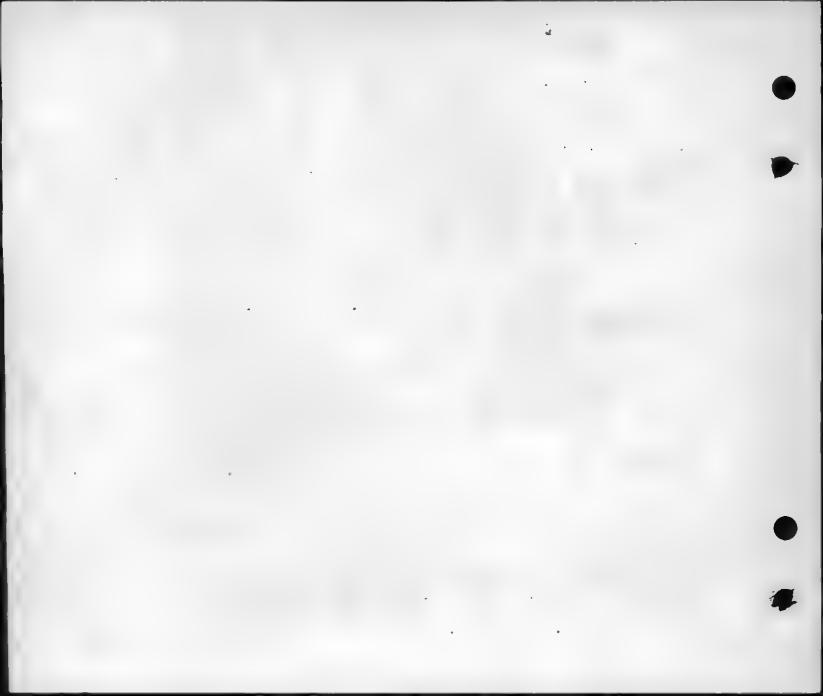
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VS A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2022

03076

		9	000		-2			Kag. L	rist, No.
		LACE OF DEATH				2. USUAL RESIDENCE (V	Where deceased live	d. If institution: Resid	ence before admission)
	ľ	. COUNTY Fre	derick		MARYLAND	o STATE Mary	7land	р солим Б	rederick
1	Ь	CITY OR TOWN (1 outs)	de corporate units, write	EURAL	c. LENGTH OF STAY IN 16	c CITY OR TOWN (III	outs'de corporete	limits, write RURAL on	d give nearest town)
)		Frederick			Minutes	× Point	of Rock	S	
	d	NAME OF HOSPITAL	OR INSTITUTION (II	not in hosp		d. STREET ADDRESS			. IS RESIDENCE
7					ial Hospital				YES NOX
	1	NAME OF DECEASED Type or print)	BER TH		LOUISE	HICKI.AN	A. DATE OF DEATH	March 5	Day Year 1961
i	5. 5			7. MARRIEI	D NEVER MARRIED 8	DATE OF BIRTH	Fout		TYEAR IF UNDER 24 HES
1	1		White	WIDOWED		January 16		3 yrs. Months	Days Hours Min.
	10o	USUAL OCCUPATION (Give kind of work d	оле 106. КІ	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country	12. CIT	IZEN OF WHAT COUNTRY
	ľ	House-work A			t Home	<u>Virgir</u>	nia		USA
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN I			W. T.
\		Cha	apman Sh	ores		Noelle	Umbaugh		
)	15.	WAS DECEASED EVER IT	VU S ARMED FOR	CE57 16 S	OCIAL SECURITY NO 17. #	FORMANT		Address	
		No	er, the eat of Boat at a	2	17-12-1177 M	r. Stanley	I. Leg	g,-Same	as Item#2
		18. CAUSE OF DEATH	Enler only one cour	e per line f	or (o), (b), and (c).]			. ~ ~	INTERVAL BETALEN
	П	PART I, DEATH V	VAS CAUSED BY:	CRUS	SHED CHEST				INSTANT
		- 316 X	DUE TO		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				11 244111
		Conditions, if ony,		FRAC	CTURE BASE O	F SKULL			INSTANT
	ļ	gove tise to immediate	couse (
		(0), stoting the undi	(c)						
	7	PART H, OTHER S		NTIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY
	CATION								YES NO T
		200. EXTERNAL CAUSE PRIMARY LETOR CONTRI	WAS 206	DESCRIBE	HOW INJURY OCCURRED. (E	tler noture of injury in Por	t I or Part II of item	1 10.1	
	CERTIF	PRIMARY-ETT CONTRI	BUTING []	n n a	Car in Fron	t of Thuck	- N. A. 47	5 and II	S #40 Inten
	₹	20c. TIME OF INJURY	Month, Day, Year	170 (16	LIVERY OCCURRED FOR MALE	F			Addition to the second
	EDICAL	8:00 44 3	/5/61 19	While	Not while Pub/	y, street, office bldg., etc.	Near N	ew Marke	t-FredCo.Md
11	2	21 Leartify that			emoins described obo				
					auses , Accident [term 1	
		opinion deom les	uned from: 1	1010101 C	doses [_], Accident [Δr solcide □, i	nomicide [].	Underermined	monner 🔲
		ACTUAL /	3020			CHIEF MEDICAL EX	CAMINIES [7]		DATE SIGNED
		SIGNATURE	the me			_M.D. CHIEF MEDICAL EX	-		
		EXAMINER'S NAME (Type)	В. О.	Thom	nas, M.D.	DEPUTY MEDICAL	72		3/6/61
	220		226 DATE THEREOI	ermer ser	22c. NAME OF CEMETERY OR			City, town, or county)	, ,
	B	REMOVAL (Specify)	Mar.8,1		St. Faul's				(Sion) Maryland
		FUNERAL DIRECTOR'S S			ADDRESS		D BY REGISTRAR	246 REGISTRAR'S SI	
l.	M		ison & S	on,	Frederick, 1	aryland M		Chilling &	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	3089		CERTI	FICAT	E OF DEAT	H			(19(1	11
1, PLACE OF DEATH					2. USUAL RESIDENCE (_	nd lived, If in	LINITY			ission)
	derick		MAR	RYLAND	Mary	land	D. CO	ы. В	altin	nore	
b CITY OR TOWN (I	IF outside corporate lim	nits, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If outside corpo	orote limits, v	vrite RURA	L ond give	nearest to	wn)
	len	-	1668 da	LYS	Cock	ceysvi.	lle			5	OBX
d. NAME OF HOSPIT	TAL (If not in hospital,	give street a	(ddress)		d. STREET ADDRESS	,				e IS R	ESIDENCE A FARM?
	tor Cull	en_St	ate Hosn	oita	Balt	imore	Co.	Home			NO 🛚
3. NAME OF	Fi	ırst	Middl	le	Last	4. DATE		Month		Doy	Year
(Type or print)	Ger	orge	E.		High	OF DEATH		3		15	1961
5. SEX	6. COLOR OR RACE		ED T NEVER MARK		DATE OF BIRTH		9 AGE (In		UNDER TYE	AR IF UN	DER 24 HR
Male	White	WIDOWE	DIVORC	ED 🗍	9/25/1889		lost birth	yrs. M	onths Day	's Hour	rs Mîn.
log, USUAL OCCUPATION	ON (Give kind of work	done 10b		OR INDUST	TRY 11. BIRTHPLACE (SI	ate or foreign (country)		12 CITIZEN	OF WHA	T COUNTRY
during most of wor	king life, even if retire	d)				-			U.S	. A .	
Musician 13. FATHER'S NAME		<u> </u>	Intertair	Time (1)	Maryla 14. Mother's Maidel		,		0.0	A V T &	
	TTE -1-				111-1-	Casidy					
George C		press lv e	OCIAL SECURITY N	O 117 (M)		astay		Address			
(Yes, no. or unknown)	(If yes, give wor or dotes of	Hervice) 21	4-22-719	370	ords of V	74 -+	(11111	Address	tata	Too	nito
					oras of v	TG rot.	CHIL	en o			
	ATH [Enter only one c		e far (a), (b), and (c	1-]					0	NTERVAL INSET AN	BETWEEN ND DEATH
PART I, DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pul	monary	tuber	culosis -	- 002				12 y	ears
0 03	DUE TO	0	•								
Conditions, if a	iny, which)	ь									
gave rise to i couse (a), stoting	mmediate (Dur 7	, , , , , , , , , , , , , , , , , , , ,									
lying cause lost.		(c)									
PART II. OTI			ONTRIBUTING TO D	EATH BUT I	NOT RELATED TO THE TE	RMINAL DISEA	SE CONDITIC	N GIVEN	IN PART 1(o	1 19. WA	S AUTOPS
Anto	rioscler	nete	Canara	1 - 1	L50						FORMED?
20g ACCIDENT W	AS UNDERLYING []	20b. DESC			(Enter nature of injury	in Port I or Po	rt II of item	IB.)			1 1 To 1
PART II. OTI Arte 20a ACCIDENT W. OR CONTRIBUTION IF EITHER NOTIFY	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	1			, , ,			- •			
	RY Manth, Doy, Y	1.,	JURY OCCURRED	20e. PLA	CE OF INJURY (Home, fi	orm. 20f (Cit	ly or fawn)		(Coun	tv)	(Stot
Hour a.m.	10	While	_ Not while		ary, street, affice bldg.,		,		,	.,	,
₹ p.m.		of work	of work	<u> </u>	2/00	700	3.75.6		61		
21 I certify the	ot (1) (this haspite	al) attend		4 ((0))		1955, la	3/17) /) (we) lo
saw the decea	sed alive an3	/14	19 <u>61</u> / ani	d that de	eath accurred a	DAM, fram	the caus	es and a	on the do	ate state	ed abov
220 SIGNATURE	0 0.1	, 5			ATTEMPINE	Lamp d	^ /s				22b DATE SIGNE
lui'c	allel 3	7 , \leq	cox) N	ATTENDING	MED DIRECTOR	STAFF PHYS	3			3.0.11
22c. PHYSICIAN'S NAME (Type)	A4 . I		_		22d. ADDRESS	- 1	1 1		11		,
Toute (Type)	Michael	9.	_avis		Victo	r (uli	en Ji	tate	Hosp	ita	(
230 BURIAL, CREMAT C		OF	23¢ NAME OF CER	METERY OF	CREMATORY	23d LOCA	ATION (City,	lown, or o	ounty)	(S	tgte)
REMOVAL (Spenify)	3-18-61	1	Loudon	Pan	k (emeter	0	1.00	ore.	Mid.		
24 FUNERAL DIRECTOR	S S GNAPORE		ADDRESS T			EC'D BY REGIS			AR'S SIGNA	TURE	
Talsono	d & G 1	unger	" / Som	men	PATE						
1 /					DAIL	MAR 1 7 1	9.1	a.u.	1 8 Kg	-44	

O HO THAL OR ATTERNAL ENTRINE. The low Equires since the composition and completely filled in by the funeral director, and bird by the pital or attending physician.

O FUNE L. DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove capton pages. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotian, at removal, and in any event, within 72 hours piter death.

TO FUN TO HO VR A15 (4) 15M 9/59



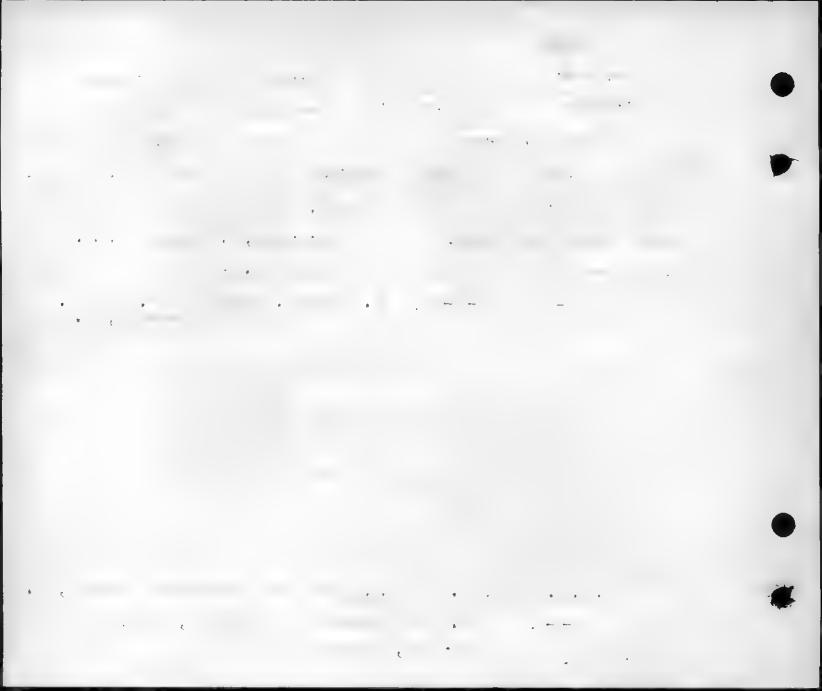
120 DO

		3090		CERTIF	ICATE	: OF D	EATH				flett.	48
	PLACE OF DEATH	derick		MARY		o. STATE		_	lived. If institut's b. COUNTY	_		ion)
\perp	b CITY OR TOWN (IF		its write T	LENGTH OF STAY			rylan		ote limits, write R	Freder		1)
	RURAL and give ne	derick	115, WITTE	40 plus y		11 -	ederi	_	pre minis, wither c	OKAL DIN GIVE I	regress town	• •
	d. NAME OF HOSPITA	AL (If not in haspita), g	give street ad	dress}		d. STREET A	DDRESS				e. IS RES	IDENCE FARM?
	321	West Sout	h Stre	et		1 32	21 Wes	t Sout	h Street	5		NO 🔀
3	NAME OF DECEASED	Fir	rst	Middle		Los	ı	4. DATE OF	Mon		Doy '	Year
-	(Type ar print)	Mary		Barbara		offman		DEATH	March	30,		19 61
9	S. SEX	6. COLOR OR RACE		D NEVER MARRIE		DATE OF BIRTH			last birthday)	Months Day		Min,
	Female	White	WIDOWED	1-1/	- ,	July 7,	1891		69 yrs.	10.000000		
		ing life, even if retıred)		RINDUSTRY					12 CITIZEN		OUNTRY?
	Retired Cr 3. FATHER'S NAME	ocery Stor	e Oper	ator		Mart 4. MOTHER'S		الهائظ	Virgin	LAL U.S	3.A.	
Λ,									m = = 1			
1	Preston B s. was deceased ever		CEC 114 80	SCIAL CECURITY NO.	17. INFO		gare	F. Ke	Add	***		
	(Yes, no, or unknown)	If yes, give wor or dates of s		CIAL SECURITY NO.			- т	TT - 6.0			rr cr	
-	No		211	3-50-9091		Addisc	on T.	HOL INE		W. Sout	W	
1		TH [Enter only one co	Suse per line	tor (o), (b), and (c),	1.00	7/-			LLOC	derick	NSET AND	DEATH
	(01)	IMMEDIATE CAUSE (1	www.neja	WW	5/6/20	1				2/11	Mila
	601X	DUE TO	' /	LANGE	taxo	11/1/1/11				/	mil	with
1	Canditions, if any, which gove rise to immediate (b)										TOWN	
	couse (a), stating the <u>under-</u>											
		ER SIGNIFICANT CON	•	NTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMU	NAL DISEASE	CONDITION G Y	EN IN PART 1(o	19. WAS	AUTOPSY
	PART II OTH		-							,	PERFO	RMED?
		S UNDERLYING	206 DESCR	IBE HOW INJURY OF	CURRED (Enter nature o	f injury in F	art For Port	H of item 18.)		160	110
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)										
	20c TIME OF INJURY	Y Month, Day, Ye	ar 20d, INJ	URY OCCURRED	20e. PLACE	OF INJURY (Home, form,	20F (City	or fown)	(Coun	fy)	(Stote)
	20c TIME OF INJURY Hour a.m. p. m.	19	While of work	Nat while	factor	y, street, office	e bidg., etc.)				
		t (I) (this haspita	IV attanda	d the deserred	'NV	1266.1	199	1/ to	12 reh	27 1941	that (I) (ivel led
1	saw the deceas	0.	2 Va 2	1961, and			- A		ho course on	,,		,
	220 S GNATURE	A A	W- Walland	1 17 Ly and	mar aea	III decorred	a artice.	Wi, II GIRI I	ne couses on	ia an the ac		b DATE
2	15.12	ard 1	Wind.	न मि	M.D	ATTENDIN		D RECTOR [STAFF PHYS			SIGNED
H	220 PHYSICIAN'S			11		22d. ADDRI						
	NAME (Type)	B. O. Th	onas.	Jr.	M.D.	228	North	Marke	t Stree	t Frede	erick,	Mi.
	3a BURIAL, CREMATIO			23c NAME OF CEME	TERY OR C	REMATORY		23d LOCATE	ON (City, lown,	or county)	(Stat	·e)
	REMOVAL (Specify) Burial	4-1-61		Mt. Olive	t Cem	etery		Frede	rick, M	aryland		
2	4. FUNERAL BIRECTOR	-1 // ~	1	ADDRESS	. 3face	and are d			AR 25b REG!		TURE	
- 1	15 1450	/L0// 10	<i>L</i>	Frederick	Mar	ATSUG	BDE	261	/	2 - 0 11		

TO FUN:

I by the funeral effector, and 2 should be filled with

TO HOSPITA VR A1S (4) 15M 9/59



MAKT	LAND STATE DEP	ARIMENT OF HEAL	i ii
DIVISION OF STATISTICAL RESEAT	RCH AND RECORDS,	301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
3091	CERTIFICATE	OF DEATH	0307
SAC OF BEHNU		A TIGITAL PEPIDENCE ON	

	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed I ved, If institution: Residence before edmission)
	Prederick	e. STATE Maryland b. COUNTY Frederick
TA	b CITY OR TOWN (if outside corporete limits,	
	write RURAL and give nearest town)	4 1D C. CIT OK TOWN (if obiside corporete limits, write KUKAL and give neerest fown)
	Brunswick Life	. Brimarti ele
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS
92.00	203 West B Street	ON A FARM?
		203 West B Street YES NO
2 2	3. NAME OF Frst Middle DECEASED	Last 4. DATE Month Day Yeer OF
	(Type or print) Charles William	Hovermale DEATH 3 23 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	3 / - 7 var? 0 4	11-17-1889 last birthdey) Months Days Hours Min
	The state of the s	
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	OUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Retired Conductor B.&.O.R.R.Co	Wost Virginia U.S.A.
	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
T	Edward Howermale	Clama W Mit-hall
رث	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Clara V. Mitchell
	(Yes, not or unkown) (If yes give we ror detes of service)	
		Mary V. Hovermale, Brunswick, Nd.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Carebral lietas	
	, , , , , , , , , , , , , , , , , , ,	THE VILLATIONS
	h Z . / DUE TO	
	Conditions, if eny, which \ (b) Bronchogenic C	arcinous in left lung l yrs
	geve rise to immediate cause (e), stelling the underlying DUE TO	
	ceuse lest. (c)	
2		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY
**	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	PERFORMED?
F	5	YES NO 🔀
	OR CONTRIBUTING [] CAUSE OF DEATH	CURED. (Enter neture of injury in Pert I or Pert II of item 18.)
		PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour e.m. While Not While	factory, street, office bldg., etc.)
		in 00 10 10 10 10 10 10 10 10 10 10 10 10
		rom.1.37. 29.9.19.15.10.1.21.21.9, 19.11.1. that (I) (we) last
	saw the deceased alive on. 12222319.11, and	that death occured at
1	22e, SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	1 1 69 10	M.D. PHYS. \ DIRECTOR PHYS. 1000
	22c. PHYSICIAN S	22d. ADDRESS (film Saring oflow
	NAME (Type) C.T. Byron Koo, I.D.	Brunswick
	PEMOVAL (Specify)	
	Burial .3-26-1961 Saint M	arks Petersville, Maryland
	24 FUNERAL DIRECTORYS SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE
	12. My Tretot Brunswick, Marylan	d DATE MAR 2 8 '61 Circlus d. Thank

TO HY STAL OR PENDING PHYSICIAN: The law requires that the death certificate be exect within 24 to after age 4 may claimed by the hospital or attending physician.

S TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the inneral, indicator, page 3 should be detached for use as the burial-trans, permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. ()3()8() **CERTIFICATE OF DEATH** 3092 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) h. COUNTY MARYLAND EREDERICK PREDERICK MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL FREDERICK 5 Yr. RURAL FREDERICK d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS 4. IS RESIDENCE YES NOT

by the attending physician and completely finit. Then please remove carbon popers. Pages y event within 72 haurs after death. os the burial-transit TO FU

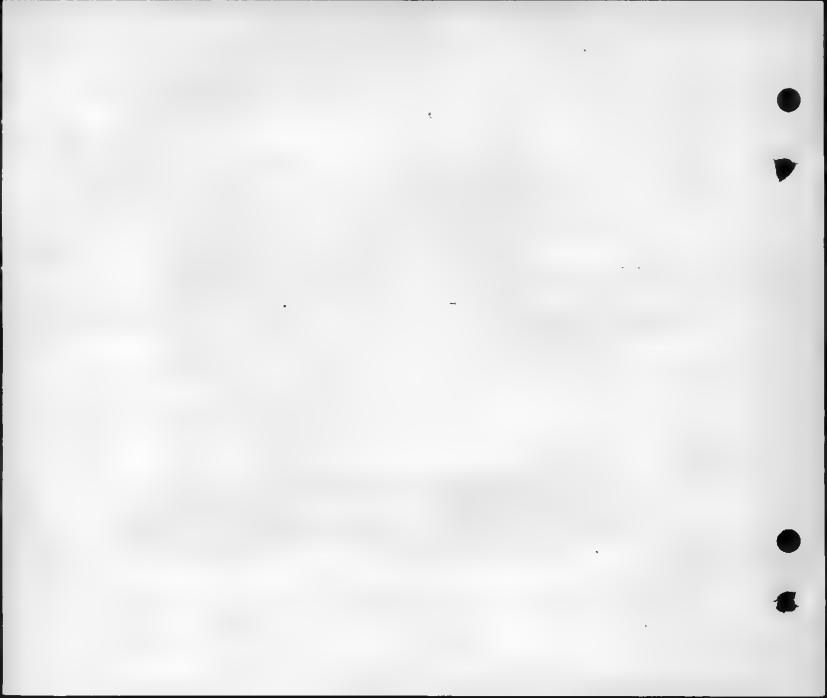
requires that the death certificate be executed within 24

director, filed with

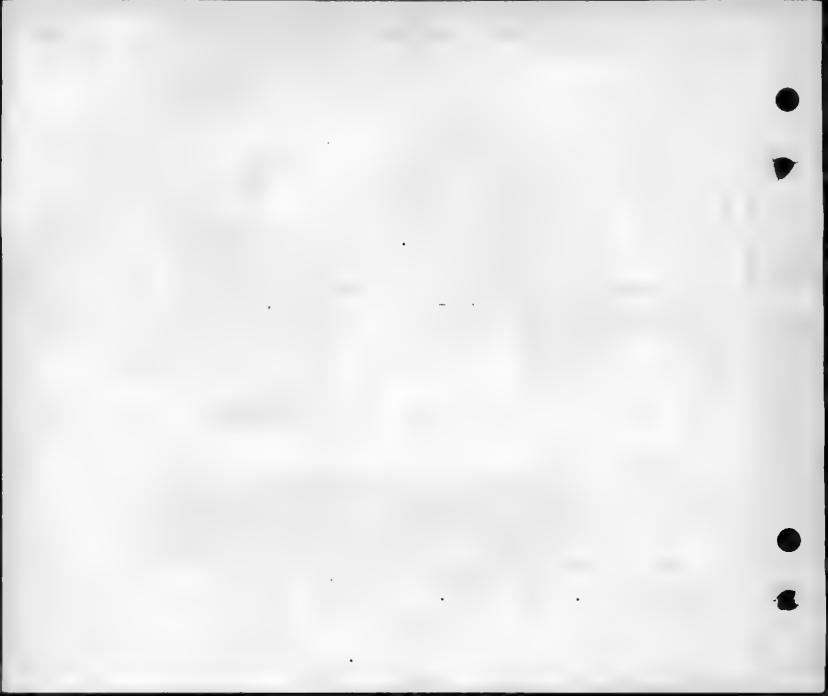
a. COUNTY

VS A15 (4) 15M II/5II

3. (NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF	Mont	h	Doy	Year
	Type or print)	FANNI	B	ELIZAB	ETH	HYDE		DEATH	3		7	1961
5. 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	0.1	DATE OF BIRTH		9,	AGE (In years last birthday)			UNDER 24 HRS.
	TEMALE	White	WIDOWED [DIVORCED	D A	pril 17t	h 18		LO6 yrs.	Manths D	lays Ho	ours Min.
10a	. USUAL OCCUPATION	N (Give kind of work on life, even if retired)	lane 10b KIND	OF BUSINESS OF	INDUSTR	Y 11. BIRTHPLAC	E (State)	or fareign caun	try)	12. CITIZ	EN OF W	HAT COUNTRY?
	House			HOME		NEW Y	ORK	STATE		U.	5.A.	
13.	FATHER'S NAME				T	14. MOTHER'S MA	AIDEN N	IAME				
	Caligia	Sparks				Mary	Ana	aie Wil				
15.	WAS DECEASED EVER			AL SECURITY NO.	17, INFO	DRMANT			Addre	P55		
1100	No. or uninown	I yes, give wor or dates of is	a.Aicol	_	Mrs	Charles	5.7	Cregonia	ag Easty	riew 5	hooks	stown
		M [Enter only one co	use per line far	(o), (b), and (c)]								L BETWEEN
Ι.	PART I, DEAT	H WAS CAUSED BY:	CR	a a si a	basi	1 1 .	Lit	tong.			ONSET	AND DEATH
		IMMEDIATE CAUSE (o)	colle	/	- Cac	2000	-0			\ <u>\</u>	710.
	41	DUE TO	1	· +	51	0					1	~~~
	Canditions, if an	mediate		reno	00	ceroci	1				0	170.
	cause (a), stating t			doing	-	_					. ~	40.
_	lying couse last.) (c		Jeur							1 7	
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEA	TH BUT NO	OT RELATED TO TH	1E TERMII	NAL DISEASE C	ONDITION GIVE	N IN PART	1(a) 19. V	VAS AUTOPSY ERFORMED?
ŭ									<u> </u>		YES	s 🔲 но 🔟 🖊
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING (1) CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OF	CURRED. (Enter nature of sr	ijury in F	Part I ar Part II	of ilem 18)			
MEDICAL	20c. TIME OF INJURY	Month, Day, Yes	r 20d. INJUR	OCCURRED	20e. PLACE	OF INJURY (Ho	ne, form	20f (City or	lown)	{Co	unty)	(Stale)
AED	Hour e.m.	19	While of work	Not while of work	tactar	y, street, office bl	ag., etc.)				
		it I attended the		rom .		1957.	10 m	nov &	106/	that I Ia		the deceased
	alive an	AL 6	/ 1	, and that								
	duse qu	/	(%	, and that	oeam a	ccorrea at 2			ne causes a: t, city ar tayp, :		date s	nate signer
	ACTUAL	XXIV	line			7.71.7	147	1105	1 In	derica	2.1	21/20106
	SIGNATURE						1001	704 7	7 1 43	LLCED 1	160	macroe
L	PHYSICIAN'S NAME (Type)	4.F.K1	ING	11.	<u>/D.</u>	FIE	leri	COL.	md.			
220	BURIAL CREMATION	, 226. DATE THEREC	F 22c	NAME OF CEME	TERY OR C	REMATORY		22d. LOCATIO	N (City, town, o	r county)		(State)
	REMOVAL (Specify) Burial	3/11/196	1	Brethren				Recky	Ridge		M	0
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24	lo. REC'I	D BY REGISTRA	R 24b. REGIS	TRAR'S SIGN	NATURE	
	Grabe	1 garl	m W	alkersvi	11•	MD D	ATE MA	AR 1 3 '61	a.	Khun S.	trace	



41	Item 18 Film MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	3093 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. () 3081
MIALTH DEPT	1. PLACE OF DEATH e. COUNTY Fr ederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE aryland b. COUNTY Frederick
P Health	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) Frederick c. LENGTH OF STAY IN 1b 47 Years Frederick
ool directory and the second of the second o	d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 100-A Morth Court Street on A FARM2 YES D NO IS NO IN THE COURT STREET ADDRESS ON A FARM2 YES D NO IN THE COURT STREET ADDRESS
Start	3. NAME OF DECEASED IRVING BRUINER JALES DEATH Larch 12, 1961
S S S S S S S S S S S S S S S S S S S	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 1. 81e V/nite widowed Divorced 8 June 1913 9 AGE in years IF UNDER 1YEAR IF UNDER 24 HRS 47 Months Days Hours Min
Page 5	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Sale sman 12. C TIZEN OF WHAT COUNTRY? Frederick, 1. aryland USA
E C. 8. 1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Page of	William B. James Carriabell Brunner
Give file for ony ex	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes (If yes, give voi or deles of service) (If yes, give voi or deles or give voi or deles or give voi or deles or give voi or give voi or deles or give voi or gi
is flem, 18	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO
in pencil iner's Office o buriol-fre	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. Conditions, if any, which arterioscleratic neart disease DUE TO (c) Large fatty liver (alcoholic?)
of Exoming Temotion	PART III, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 20 NO
word 's	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
ng the ng the or to b	20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) Hour o. m.
E海上 B.F.	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [X], and in my
Sea to the sea of the	opinion death resulted from: Natural causes 🔊, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲
DIRECTION OF THE COLUMN OF THE	ACTUAL SIGNATURE BETTHEOUTH A D. CHIEF MEDICAL EXAMINER DATE SIGNED
Ps.igi	ASSISTANT MEDICAL EXAMINER 1 REMARK (Type) B. O. Thomas, M. D. Deputy Medical examiner (3) 14 March 1961
SEN	NAME (Type) D. O. 110/1145, 1. D. DEPUTY MEDICAL EXAMINE (1) 14 N. E.P.C. 1961 220. BURIAL, CREMATON 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, Town, or county) (Stote) BUT 181 3/16/61 Nt. Olivet Cemetery Frederick, Laryland
S. A15ME 5M 2 157	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE



5	1	4
FOR	51	ATE
HEALT	Ή	DEPT.

TO DEPUTY MEDICAL EXAMPRE: This certificate should be executed within 24 hours after death. If any delay is decess execute the difficated fing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funy times 4 should be convarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL HIREMTER: Page 8 should be a build-transit permit, file pages 1 and 2 with the State Board or its designated agent, prior to borial, crimation, or removal, and in any event within 72 hours after death.

ij,

VS. A15ME 5M 2, 57

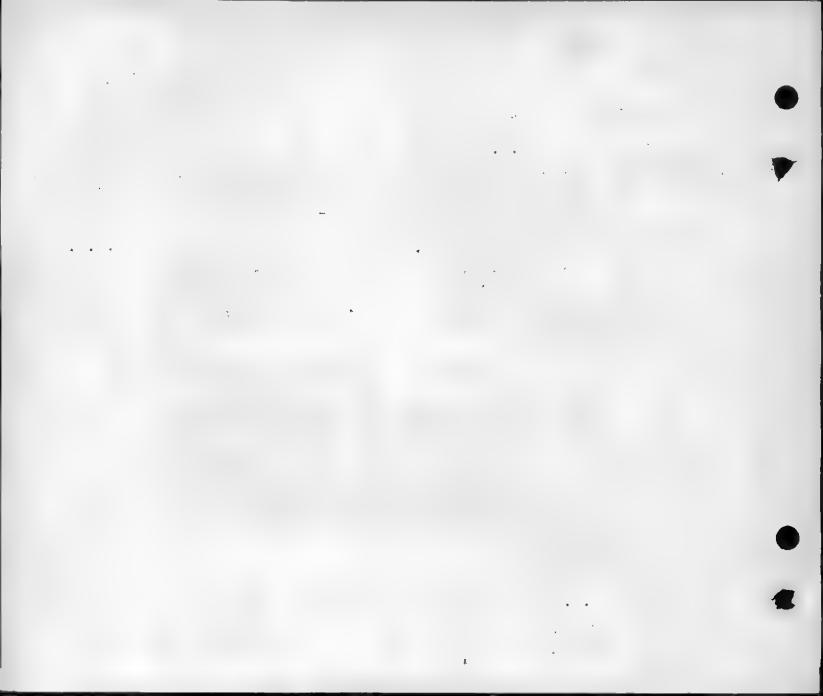
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

" Date

	3094MEL	JICA	LEXAMINER	S CERTIFIC	AIE OF DEAT	H Reg. Dist. No. () さりろと
1. PLACE OF DEATH	The second second		Paddirections and the	2. USUAL RESIDEN	CE (Where deceased lived. If i	institution: Residence before admission)
o. COUNTY	Frederick		MARYLANG	O. STATE		Frederick
b. CITY OR TOWN In	outside corporate limits, write El	JRA _k	c LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If outside corporate limits,	write RURAL and give nearest lown)
	lerick			Rural	Knoxville	*
d. NAME OF HOSPIT	AL OR INSTITUTION (IF n	ot in hosp	ital, give street address)	d. STREET ADDR	ESS	e. IS RESIDEN &
1.	lomorial Ho	igs	tal		25	YES NO L
3. NAME OF DECEASED	First	-2	Middle	Lost	4. DATE	Month Doy Year
(Type or print)	William		Henry J	enkins	OF DEATH 3	11 187
5. SEX	4. COLOR OR RACE 7.	MARRIE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In you	OF THUNDER TYEAR IF UNDER 24 HRS
Male	White v	VIDOWED	DIVORCED [4-1-1908	52	yrs Months Days Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work dor in life, even if retired)	10b. KI	ND OF BUSINESS OR INDU	STRY 11. B RTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car reps		B.	&.O.R.R.C.	Maryl	and	U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIE	DEN NAME	
	David	d Gr	cen		Mollie 3	Tenkins
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE	ES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	The state of the s	diess
(Yes, no, or unknown)	(If yes, give war or dates of seve	144	1.	rs. Annie	Redman. Poir	nt of Rocks, Md.
18. CAUSE OF DEA	TH (Enter only one cause	per line fo	or (o), (b), and (c)]		, , , , , , , , , , , , , , , , , , ,	TINTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:		SUB ARCTHOT	D. HELMORI	मिर्गास	2 HOLIPS
1	IMMEDIATE CAUSE (a)			2) 4.43114301(3		The Hours
Conditions, if o	DUE TO	- IT	YPERTENSION			YEARS
gave rise to immed	diote cause		- where our war is so which he			TEARS
(a), stating the						
	FR SIGNIFICANT CONDIT	IONS COL	NTRIBUTING TO DEATH BUT	NOT BELATED TO THE	FRANKAL DISEASE CONDITION	GIVEN IN PART 1(0) 19, WAS AUTOPSY
PART II, OTH					TAMERICASTRIS CONDINON	PERFORMED?
PRIMARY OF CONTACT CAUSE OF DEATH.	JSE WAS NTRIBUTING []	DESCRIBE	HOW NJURY OCCURRED	(Enter notice of injury i	n Port I or Port II of item 18.)	
3 20c TIME OF INJUI	RY Month, Doy, Year	20d. IN	UURY OCCURRED 20e. PL	ACE OF INJURY (Home.	form, i 20f. (City or lown)	(County) (State)
Total Hour a.m.	19	While	Not while for	tory, street, office bldg.	etc.)	(Coviny) (Sione)
			k ot work	1.11		
			emains described ab	ove, held an Aut	apsy , Inspection	induity in and in my
opinion death	resulted fram: No	tural c	ouses 🧻 Accident	, Suicide	, Homicide, Unc	determined manner
ACTUAL	BMI					DATE SICNED
SIGNATURE	Su fre	22	ras	M D. CHIEF MEDIC	AL EXAMINER [3/11/1961
EXAMPLE'S				ASSISTANT M	EDICAL EXAMINER	2,, -, -
NAME (Type)	.O. Thomas			DEPUTY MEDI	CAL EXAMINER 🔲	
270 BURIAL CREMATIO REMOVAL (Specify)	N. 22b DATE THEREOF	1	72c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, to	wn, or county) (State)
Burial"	[3-1],-1		Jaint Mark	п.	Patentaria	7 - 20 - 7
23. FU' A RAL DISECTO	A LIMINATE RE	,	ADORESS	240.		restant sachatemend
10/1/1	15.161 201	ex ann f	of "and or	DAT	E	arthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 095 Rea, Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. COUNTY 0 Frederick **6 COUNTY** ការាំនាយ។ MARYEAND b. CITY OR TOWN I'll outside corporate hintly, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and a ve served town) On train #2 enroute Piqua d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS # IS RES DET ON A FARM? to Washington D.C. YES NO 1 Orchard Road NAME OF First Middle 4. DATE Lost Month Year DECEASED William (Type or print) Cortnum DEATH Katker 6. COLOR OR RACE 7 MARRIED 13 NEVER MARRIED 1 8. DATE OF BIRTH 5 SEX 9 AGE in years IF UNDER TYPAR IF UNDER 24 HRS tost birthdovl Months Davi Hours Min. Malle White WIDOWED | DIVORCED [10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? oge Retired) President Ohio U.S.A. Stove Give Pages 1 h form PM3. pages ent with 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Katker HOMOGOBOSO Mary form | File p 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Torld Mrs. Hulda Katker. Piqua. Ohio 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Rustured myocardal infaret IMMEDIATE CAUSE (o) DUE TO pencil in artrosclerotic heart disease Conditions, If ony, which gove rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO I 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) ould ould CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stole) foctory, street, office bldg., etc.) White Not white 0 0 at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy [1], Inspection [1], Inquiry and in my CTOR: apinion death resulted from: Natural causes 📆, Accident 🗍, Suicide . Hamicide . Undetermined monner ä DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE 5 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** B.O. Thomas DEPUTY MEDICAL EXAMINER [7] NAME (Type) FUN 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Stote) REMOVAL (Specify) ö Train Piqua 0 FAINERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SEGNATURE VS ATSME Brunswick, Maryland DATEMAR 2 8 '61 5M 2, 57



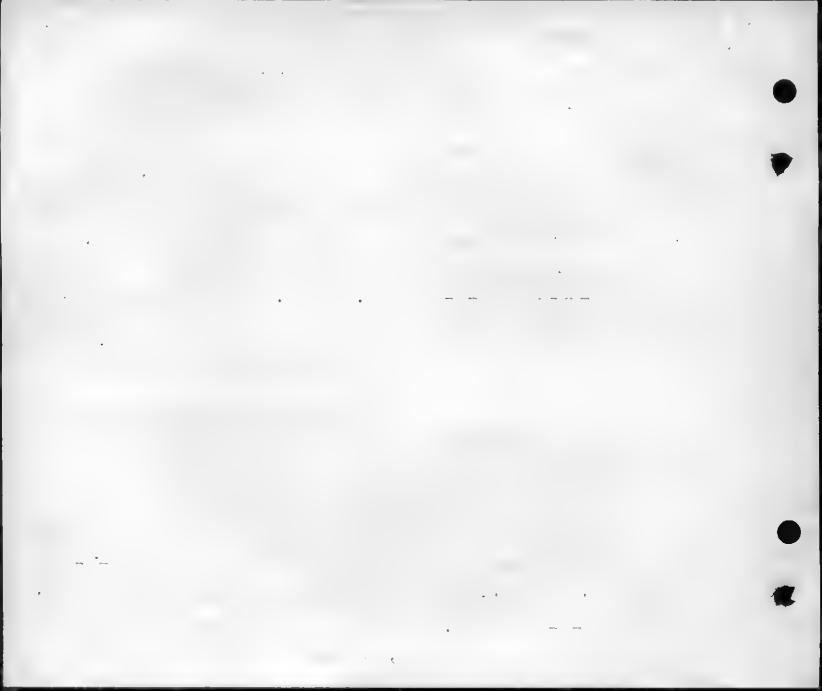
03084

	2020		CERTITIC	AIL (JI DEATH	,			0000	7.7
1. PLACE OF DEATH a. COUNTY	raderick		MALVERIA		AL RESIDENCE (W		ed lived If institut			in)
RURAL and give n	(If autside carporote limi learest tawn) alkersville	is, write	c. LENGTH OF STAY IN 1	5	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Walkersville					
	TAL (If nat in haspital, g	ive street		d.	d. STREET ADDRESS				e. IS RESID	DENCE
OR INSTITUTION,	Fulton Av		•		24 Fulton Avenue			ON A FAR		ARM?
3. NAME OF	Fir	si i	Middle		Lost	4. DATE	Mai	nth	Day Ye	ear
(Type or print)	Jes		Cleveland		ettells	OF .			19	,
5. SEX	6. COLOR OR RACE	7- MARI	RIED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years lost birthday)	-	EAR IF UNDER	Min.
Male	White	WIDOW	ED DIVORCED	July	7 17, 188	5	75 yrs	WOOTHY DE	ays mours	mie.
10g. USUAL OCCUPATI	ON (Give kind of work)	done 10b	KIND OF BUSINESS OR IN	DUSTRY 11	BIRTHPLACE (State	ar foreign	country)	12. CITIZEI	N OF WHAT CO	UNTRY?
Retired Salesman None Iowa U.S.A.							.A.			
13 FATHER'S NAME				14. N	OTHER'S MAIDEN					
Walter M	orris on Ket	tell:	5		Julia A	Secor				
IS WAS DECEASED EVI	ER IN U. S. ARMED FOR		D-D-D-17 DE G-D-1111 1 1 1 D-1 1 1 1 1 1 1 1 1 1 1 1	INFORMA				ress		
NO Unknown,	(If yes, give war or dates of s	36	68-09-7068	Mrs. 1	Sunice L.	Kette]	lls Walk	ersvill	le, Mary	rland
IR. CAUSE OF DE	ATH Enter only one co	use per li	ne far (a), (b), and (c).]						INTERVAL BETY	WEEN
	ATH WAS CAUSED BY:	,	CORONARY	THR	04803/3				MINUTE	
120.	() DUE TO		· ·		11					
Conditions, if	any, which) (b	A	RTERIOSCLERO	TIC	HEART D	ISEASE	2		10 uns	
gave rise ta	immediate (•							1	
	cause (a), stating the <u>under.</u> lying cause last.									
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH I	BUT NOT RE	LATED TO THE TERM	AINAL DISEA	SE CONDITION G	VEN IN PART 1	(a) 19. WAS AL PERFOR	MED?
20g. ACCIDENT W	AS LINDERLYING T	20h DES	CRIBE HOW INJURY OCCU	PRED (Fotos	noture of university	Port Los Po	act if of item 18.)		1127	140 Erè
(IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	200 013	CABL TOW INJOK! OCCO.	KKEO. (EIIIE	noicre di injery ni	1011110110	ar is on train vary			
3 20c. TIME OF INJU	RY Month, Day, Ye	1			INJURY (Hame, fari		ly ar lawn)	{Cau	inty)	(Stote)
Hour a.m.	19	While at war		locidiy, sii	eer, dilice blog., El					
	at (IV (this translate)	3 -45-4	d- d db - d d f	. 100	115 11	57, ta.	3/10	206/	45.5.00.0	
		21 .	ded the deceased fra		-	() (- /		, that <u>(I)</u> (w	
	sed alive an	2/	196/ , and the	it death o	accurred aty	∮M, from	the causes a	nd an the a		
22a. SIGNATURE	00 10	J	1. 1	A	TTENDING . M	AFD	STAFF			DATE SIGNED
Tricke	God G. /a	Eym	tels,			AED DIRECTOR [PHYS.	7	5-14-196	51
22c PHYSICIAN'S NAME (Type)		/	/	27	d ADDRESS					
(7/(-)	Dr. Richar	d C.	Reynolds	M.D.	9 East	Church	1 Street	Frede	rick, 1	id.
23a. BURIAL, CREMATIC	ON, 23b. DATE THEREC)F	23c NAME OF CEMETER	Y OR CREM	ATORY	23d LOC/	ATION (City town,	ar county)	(State))
REMOVAL (Specify Burial	3-16-196	7	Mt. Olivet	Como	tomer	Back	derick. M	arvland		
24 FUNERAL DIRECTOR			ADDRESS	كالتجاب		D BY REGIS		STRAR'S SIGN		
Bobert 6	Hack Ap.		Frederick,	Mary		MAR 1		Calling S.		
	77//					m 34				

TO HOSPUAL OR ATT ING PHYSICIAN: The law requires that the death certificate be executed within first urs after demand by the complete of the complete of the complete of the complete of the filler by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 should be the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 hays effect death. VR A15 (4) ISM 9/59

NG PHYSICIAN: The law requires that the death certificate be executed within M

filed with



MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
007	ATD-1110 A PE	A

	3097	CERTIFICA	TE OF DEATH		Reg. Dist	. No. 03085
1.	PLACE OF DEATH COUNTY Fractize &	MARYLAND	2. USUAL RESIDENCE (Who a STATE	b.	COUNTY Free	derick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest lown)	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF or	Carry	s, write RURAL and gr	ve neorest lown)
	d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	ddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO 🗷
3	NAME OF DECEASED (Type or print) DESSE	CARCLINE	LARE	4. DATE OF DEATH	March	Doy Year 28 196
5.	SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	9. AGE lost 6	3 4 4	YEAR IF UNDER 24 HRS. Doys Hours Min.
		eind of Business or Indus	i Mary	land.	12 CITI2	ZEN OF WHAT COUNTRY? $\mathcal{U}_{+} \subseteq \mathcal{A}_{+}$
	Marshall Walts	01	Truyor	Harne		
	WAS DECEASED EVER IN U S. ARMED FORCES? 17. 10. or unknown) (If yes, give wor or dates of versice)	OCIAL SECURITY NO 17. 11	ir Haroups,	Fare L	Weekers.	ire. Mef.
	TB. CAUSE OF DEATH [Enter only one couse per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	of (o), (b), and (c).	Mosin			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate	tenocleroti	CVD			10 years
	couse (o), stating the under- lying couse last. DUE TO					
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDI	TION GIVEN IN PART	1(6) 19. WAS AUTOPSY PERFORMED? YES NO
A CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURREE				
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour e. m. 19 at work	_ Not while foc	ACE OF INJURY (Home, form, form, story, street, office bldg., etc.)	20f. (City or town) (Ce	ounly) (State)
	21. I certify that I attended the decease alive an 18 mark , 190	d from <u>Jusquit</u>	accurred at <i>LL:15</i> A	~		
	ACTUAL SIGNATURE	ical s.	M.D	ADDRESS (Street, city	or town, slote)	DATE SIGNED
	PHYSICIAN'S JAMES E. STA	NECSR.	Vi	ALARA.	11:611	11.1
	P BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 3/31/6/	Chapel	- EREMATORY	Tue Jel	estitour	(Stole)
23.	FUNERAL DIRECTOR'S SIGNATURE	allersylle	246. REC'D		246. REGISTRAR'S SIGI 1 کے استدیس	



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

		2008	4	CERTIF	TE OF DEATH	OF DEATH				
	PLACE OF DEATH	derick		MARY	LAND	2. USUAL RESIDENCE (W. o. STATE Mary.		b. COUNTY	r. Residence befo	
7	RURAL and give ned	outside corporate limit prest town) derick RT •	c. LENGTH OF STAY		CITY OR TOWN (IF &	· ·	rote limits, write Ri erick Rot		irest town)	
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						d STREET ADDRESS Route	40			on a farm? YES NO S
	NAME OF DECEASED (Type or print)	Mary	rl	Jeanett	e	Lawson	4. DATE OF DEATH	March	11,	y Yeor 19 61
	Female	6. COLOR OR RACE White	7. MARE	NEVER MARRIE		March 11, 188	35	9. AGE (In years lost birthday) 76 yrs	Months Doys	Hours Min.
	USUAL OCCUPATIO during most of worki Homemaker FATHER'S NAME	N (G ve kind of work on a life, even if retired)	lone 10b.	None	R INDUST	RANGOLPH Randolph 14. MOTHER'S MAIDEN N	Mass		U.S.A	WHAT COUNTRY?
	Edward A.	Perry				Martha Ti	ırner			
1S {Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	evical _	SOCIAL SECURITY NO	1.7	ormant • Warren R. 1	Lawson	Rt. #		ick, Mi.
		M WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Ty, which) (b))	ne for (o), (b), and (c).		dial jufa	relev	n		ERVAL BETWEEN SE AND DEATH CUCLA.
ATION	couse (a), stating t lying couse last.	he under- DUE TO)	CONTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO THE TERM	INAL DISEAS	E CONDIT ON GIV	EN IN PART I(o)	9 WAS AUTOPSY PERFORMED? YES NO DA
CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature of injury in	Port I or Par	t (I of item 1B.)		
MEDICAL					CE OF INJURY (Home form ory, street, office bldg., etc.	(County)	(Stote)			
	21. 1 certify that) attend	led the deceased		ath accurred at 3/4				rat (I) (we) last
	220 S GNATURE	17/18	In.	Men		ATTENDING M	ED RECTOR	STAFF PHYS		22b DATE SIGNED

the attending physician and completely filled at by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filed with TO FUNERAL DIRECTOR: After this certificate has been s gned by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haugs-after death. spital ar attending physician. by -

1G PHYSICIAN: The law mayines that the death certificate be executed within 24

TO HOSP may b. VR A1S (4) 1SM 9/59

24, FUNERAL DIRECTOR'S SIGNATURE

22c. PHYSICIAN'S

230 BURIAL CREMATION,

REMOVAL (Specify)
Burial

NAME (Type)

Dr. L. R. Schoolman

DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d LOCATION (City town, or county)

Frederick Maryland
REGISTRAR 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR

ADDRESS Frederick, Maryland

M.D.

22d. ADDRESS

DAMEAR 1 4 '61

810 Toll House Avenue

Cirlmy S. Kraus

Frederick.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

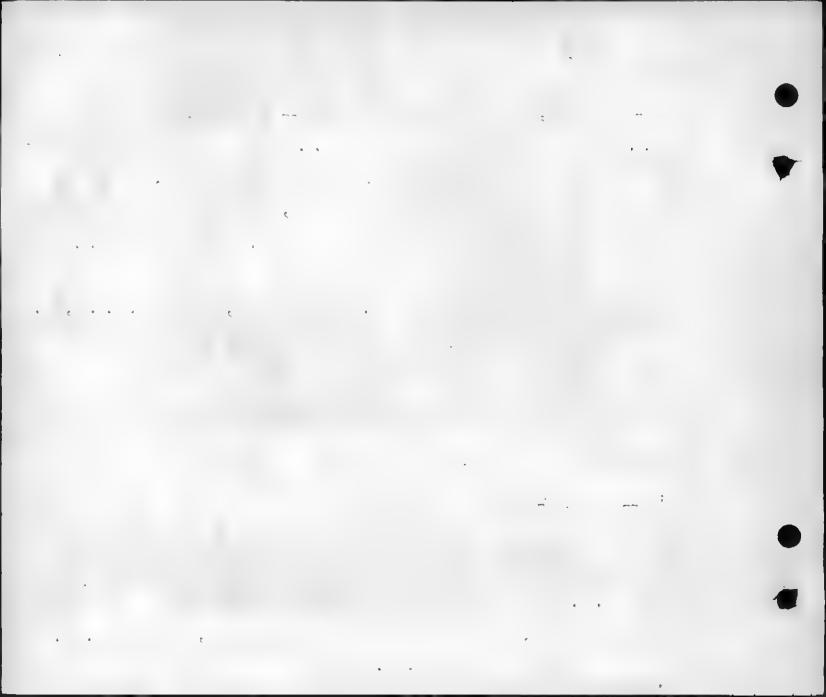
03057

		31199	CEKI	IFICA	IE OF DEA	AIH				U	Office	6
1	PLACE OF DEATH	-3-2-3-2			2. USUAL RESIDE	NCE (Whe	ere decease	d lived If institu	tion: Resid	ence before	e admission)	
	o. COUNTY Frede	rick	M	ARYLAND	= STATE	arvla	nd	6 COUNT	Fre	deric	k	
l	b CITY OR TOWN	(If autside carporate limits	, write c LENGTH OF ST	TAY IN 16	E. CITY OR TO	WN (If ou	ilside corpo	rote limits, write	RURAL on	d give neci	rest tawn)	
ı	RURAL and give r		Life		X Point	t Of	Rocks					
r		TAL (If not in hospital, gi			d. STREET ADD	DRESS				4	. IS RESIDE	
	OK INSTITUTION				/						YES N	
-	. NAME OF	First	Mic	idle	Last		4. DATE	Mo	oth	Day	Yeo	r
	(Type or print)	JAMES	R.		LOWER	Y	OF DEATH	Marc	h	28	191	61
1	SEX	6 COLOR OR RACE	7. MARRIED NEVER MA	RRIED 🗍	B. DATE OF BIRTH			9. AGE (In year	IF UND			
	Male	White	WIDOWED 📆 DIVO	RCED 🔲	June 8,	1876		tast birthday)	Months	Days	Hours	Min.
-	On. USUAL OCCUPATI	ON (Give kind of work derking life, even if retired)	one 10b KIND OF BUSINES	S OR INDUS	TRY 11 BIRTHPLAC	CE (State o	ır foreign c	ountry)			WHATCOU	NTR
	Trackman	ixing ind, dress it femed)	B. & O. Ra	ilroad	Mary.	land				U.S.A	. 0	
1	3 FATHER'S NAME				14. MOTHER'S M	AIDEN N	AME					
	Unkr	nown			Mary	Lowe	ry					
	5. WAS DECEASED EV	ER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY	NO. 17 IN	FORMANT				dress			
	No		216-14-547	75 Mr.	John E.	Hane	85	Point 0:	f Roc	ks, M	aryla	nd
	18. CAUSE OF DE	ATH [Enter only one cou	se per line for (a), (b), and	(c) }	,					INTE	RVAL BETW	FEN
ı	PART I. DE	ATH WAS CAUSED BY- IMMEDIATE CAUSE (6)	61	L. C.	() it	- 11/2	2464	5 1 2 X			5 6 4 B	<i>p</i> .
l		DUE TO		,	,				•			
	Conditions, if											
l	gave rise to couse (o), stating											
l	lying couse last	(c)										
l	PART II OI	HER SIGNIF CANT COND	ITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEAS	E CONDITION G	IVEN IN P	ART 1(a) 15	PERFORM	OP5
L	⊻										YES N	10 5
	OR CONTRIBUTION	G 🔲 CAUSE OF DEATH [20b DESCRIBE HOW INJUR	Y OCCURRED	D. (Enter nature of i	injury in P	art I or Par	i II of item 18.]				
		Y MEDICAL EXAMINER)	1		or or bulley at		Dag valu			100		10.
l	20c TIME OF INJU	RY Month, Doy, Year	20d. INJURY OCCURRED While Not while	fac	CE OF INJURY (Ho tary, street, office b	ame, tarm, oldg., etc.)	20F (City	ar town)		(County)		(Stol
		19	ot work at work		/		1	19		1		
ı	21 I certify th	at (I) (this hospital)	attended the deceas									
1		sed alive an	24 20 7 196, , o	ind that d	eath accurred	<u>αβ:Ω</u>	M Iram	the couses o	nd an t	he date		
	220 SIGNATURE	12 (4, 1.	7		ATTENDING	_ ME	D	STAFF				IGNE
	22c PHYSICIAN'S	1-11-17	Allilia		M.D. PHYS 72d. ADDRESS		RECTOR .	PHYS	Marc	ch 30,	1961	
1	NAME (Type)		O				hmaat	Danis and	ink	Mayer	and	
-			Carpenter M.		West			, Brunsw				
1	23a BURIAL CREMATI REMOVAL (Specify		23c NAME OF 0	EMETERY OF	R CREMATORY		23d LOCA	TION (City, town	or county	()	(Stote)	
-	Burial	3/31/61		il's C	emetery	NG - BRG:		t Of Roc		Mary]		
	24. FUNERAL DIRECTO		ADDRESS	Man			BY REGIS			SIGNATUR		
l	M. R. Etcl	nison and So	n, Frederick	, mary.	rand	DATEAPE	3 '6	1 (Thung &	Thous	1	

NG PITMICIAN: The law requires that the death spital or attending physician. VR A15 15M 9/



FOR STATE	3100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 0308	8	
EALTH DEPT.	PLACE OF DEATH 2 USUAL RESIDENCE (Where decoased lived If institution Residence before odinission)	1,11111,	
ž,∉ M	Frederick Maryland b COUNTY Frederick		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	-	
o Jo	Rural Emmitsburg, 18 years X Rural Emmitsburg,		
for y	d NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress) # STREET ADDRESS e IS RESIDEN	IS RESIDENCE ON A FARM?	
S o E	R.D.#3		
State	3 NAME OF DECEASED - First Middle Lost 4. DATE Manth Day Year	-	
0 0 0	(Type of print) Della Catherine Manahan DEATH March 11, 1961		
440	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In year) 15 IFUNDER LYEAR IF UNDER 24 16 In years Months Days Mours Min	HRS	
OH C	Female White widoweds divorced December 4,1893 67 yrs. Months Days Hours Min		
25 %	10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 33. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)	1181	
F 2 4	Housewife Frederick Co. Maryland U.S.A.		
C A S S	13. FATHER'S NAME	P 1440-64	
£ 8 = (I)	John Smith Mary Susan Zimmerman		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, re, or unknown] (It yes, give wor or dates of service)		
£ . 5	no None Mrs. Bernard Shields, Emmitsburg, R.D.#1, Md.		
3.E.E	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]		
5 ± 6	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound left side of face and shull		
val,	7 X DUE 10		
	Candilions, if any, which (b)		
2	gove rise to immediate cause (a), stating the underlying DUE TO	-	
505	couse fast. (c)	in and	
used as rematia	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOF PERFORMED YES NOT	?	
	20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Port II of item 18) Self inflicted cumshot wound left side of face and skull		
out)	A STATE THE COOK POSTO IN A HOUSE TOP OF THE CITY OF		
or to t	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Sto foctory, street, office bidg, etc.) While of work of work of work to the foctory of the bidg of work of the bidg of work of the bidg of work of the bidg of the bidg of work of the bidg of work of the bidg o	(e)	
P a.	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in	my	
CTOR: ogent,	opinion death resulted from: Natural causes Accident Suicide, Homicide, Undetermined manner		
SECONAL PROPERTY OF THE PROPER	ACTUAL BOTO TOTAL M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED)	
ign of property of the second	ASSISTANT MEDICAL EXAMINER March 11, 1961		
des	NAME (Type) B. O. TOOMAS DEPUTY MEDICAL EXAMINER (
S S S S S S S S S S S S S S S S S S S	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)		
40 9	Burial March 14, 1961 United Brethren Cemetery Thurmont, Frederick Co. Md.		
5ME	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAP'S SIGNATURE		
757	C. E. Wilson, Emmitsburg, Md. MAR 1 4 '61 wind S. Kings		
	C. E. Wilson		



MARYLAND STATE DEPARTMENT OF HEALTH

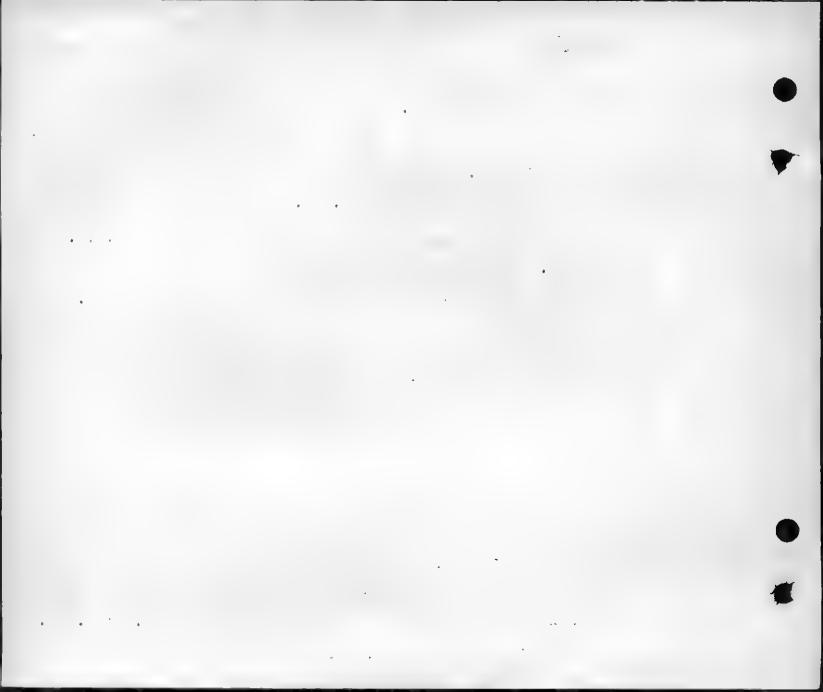
Page 4

TO HOSPIZAL OR ATT IG PHYSICIAN: The law requires that the death certificate be executed within 21 havins after demand by the may be a fined by the attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funera page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		3101		C	ERTIFIC	CATE	OF D	EATH	1					05	ins:
1,	PLACE OF DEATH	rederick			MARYLAN	- 11	o. STATE		here deced		If institution, COUNTY			er ti	
	Thurmon	If outside corporate limi earest town) rural	ls, write	c. LENGT	yrs.	1b	c. CITY OR	town (If			nits, write RI	JRAL ond	give nec	arest fowr	.)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospito), g Dwn Home	jive street	address)		1	d. STREET	ADDRESS RD	1 .						IDENCE FARM? NO 🔼
3	NAME OF DECEASED (Type or print)	Virgini		C.	Middle	Mai	nahan	s†	4. DATE OF DEAT		Marcl		Do		1961
	Female	6 COLOR OR RACE White	WIDOW	ED	VER MARRIED [DIVORCED [J	an. 2	4, 1	.867	last 9	E (In years birthday) yrs	Months Months	R 1 YEAR Days	Hours	R 24 HRS Min,
	HOUSEWIL FATHER'S NAME	ON (Give kind of work a king life, even if retired CO	done 10b.	KIND OF E	en Ho	me_	Ma:	rylai	nd	country)		1	U.S		OUNTRY?
	Washi	ngton W. I			CHRITY NO. 1	17, INFO	14. MOTHER'S	Mart		Kead	lle Add				
13. (Ye	NO unknown)	(If yes, give wor or dotes of a	ervice)	Non	е		ss Emi	ma Ma	anaha	an	Thurr				RD 2
	1	immediate Dus To		ants	b), and (c)	tt	from frix	is s	is a fi				ON!	ERVAL BE SET AND 2 /	DEATH LA
CERTIFICATION		HER SIGNIFICANT CON			ING TO DEATH							EN IN PA	RT 1(a) 1	9 WAS PERFO YES [RMED?
MEDICAL CERT	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH (MEDICAL EXAMINER) RY Month, Doy Yell 19		NJURY OCC	CURRED 200	e. PLACE	OF INJURY	(Home, far	m, 20f (0				(County)		(Stote)
	21 1 certify the	ot (1) (this haspital seed alive an Apple					th occurre	d off		m the c	FF _			stated	
23	BURIAL CREMATO)F	23c NAM Blu	NE OF CEMETER		REMATORY Come to	ery		at on (City, fown, o		Fre	(Stot	e) O •
24	FUNERAL DIRECTOR	S SIGNATURE	*3.	ADD	ress Thurmo	nt.	Md.	25a. REC	D BY REG		25b. REGIS	STRAR'S S			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. (13(19() 3102 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY ਮੀਨ ਹਰੀਦਲ ਹੈ ਲੈ ਵਿ **b** COUNTY MARYLAND Pre-larior b. CITY OR TOWN [If outside corporate limits, write C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) place Frederick Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Fountain Prederick Lemorial Losmital Mills YES NO Z NAME OF Middle 4. DATE Year DECEASED Sterling Monroe I"arch 28 Pages (Type or print) DEATH 6.1 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Days Hours 110 Colored WIDOWED I DIVORCED [29-1904 yrs. Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. Frederick-Co.Nd. Cement U.3.A. Finisher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J. Henry Monroe Caroline Brown Ų 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address d. (Yes, no, or unknown) 0 Family. Bible- Fountain Mills Fred. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which] gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port I or Part II of ilem 18.] 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form. 20f. (City or lown) [County] (Stote) factory, street, office bldg., etc.) Hour e. n. While Not while. of work of work p. m. 21. I certify that I attended the deceased from. 19.6/ that I last saw the deceased , and that death accurred at 95 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) det ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county] (Stole)

Fountain Mills

ADDRESS

Prederick, Paryland

Frederick Co. Md.

245 REGISTRAR'S SIGNATURE

Orthun & Kraus

24g. REC'D BY REGISTRAR

DATE

MAR 3 0 '61

AS W12 (4)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE



sicion and campletely filled—by the fun-re carbon papers. Pages 1 and 2 should vithin 72 hours after death.

16		4		
hat the death certificate be executed within 24 h.		ly the attending physician and campletely tilled	. Then please remave carbon papers. Pages 1 a	, and in any event within 72 hours after death.
TO HOS TO HOS TO OR ATT ING PHYSICIAN: The law requims that the death certificate be executed within 24 h.	New may be lined by the semitor of attending physician.	TO FUNERAL DIFFURE Steer this certificate has been signed by the attending physic	oge 3 should be detached for use as the burial-transit permit. Then please remave	the State Board of Health prior to buriat, cremation, or remayal, and in any event, within 72 hours after death.

ı	2103	CE	KIIFICAIE	OF DEATH		(10(101
	1. PLACE OF DEATH COUNTY Frederick		MARYLAND 2.	o. STATE Maryla	nere deceased lived. If institution of countries	tion: Residence before admission) Y Frederick
	b. City Or TOWN (If outside corporate li RJRAL and give negrest lown) Frederick-Rural	RD#6 60 3	OF STAY IN 16		outside corporate limits, write ick-Rural R	RURAL and give nearest lown)
	d. NAME OF HOSPITAL (If not in hospital OR NSTITUTION LAST South Stree	give street address)		d street ADDRESS East S	outh Street	Exdt. e. IS RESIDENCE
	3 NAME OF DECEASED (Type or print) HOWA	RD CUNN	Middle ING HAM M	URPHY	OF	onth Day Year rch 7, 961
	s sex 6. COLOR OR RAC Male White			ATE OF BIRTH	last_birthday)	s IF UNDER 1 YEAR IF UNDER 24 H Months Days Haurs Min
	10a USUAL OCCUPATION (Give kind of working life, even if retir Retired-Supt.	rk done 106 KIND OF BU			or foreign country) Maryland	12 CITIZEN OF WHAT COUNTI
	13. FATHER'S NAME Lewis Murphy		1	Anna M.		
	IS WAS DECEASED EVER IN U. S. ARMED FI	orces? 16. social seculoses 214-10				Frederick, Md.
	18. CAUSE OF DEATH [Enter only one PART I, DEATH WAS CAUSED BY 3 4 IMMEDIATE CAUSE BY Conditions, if only, which gove rise to immediate couse (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CO 200 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEAT OF CONTRIBUTING CAUSE OF DEAT	(b) Cerabra TO (c) CONTRIBUTION 200 DESCRIBE HOW	G TO DEATH BUT NO	T RELATED TO THE TERM		INTERVAL BETWEEN ONSET AND DEATH 2 Can 3 years EIVEN IN PART 1(a) 19 WAS AUTOP PERFORMED? YES \(\begin{array}{c} NO \end{array}
	20c. TIME OF INJURY Month, Doy, Hour o. m p. m.		ile foctor)	OF INJURY (Home, form, street, office bldg., etc.	n, 20f. (City or town)	(County) (Sta
	21 I certify that (I) (this hospi saw the deceased alive an	lal) attended the de Kinnels 1961 Conclusion	. , and that dea	ATTENDING M. PHYS.	M, from the causes a	7. 1941, that (1) (we) lo and on the date stated about 22b DATE 9 March 191
	22c PHYSICIAN'S V NAME (Type) L. R. Sc	choolman, M	1. D.	810 Tollh	nouse Ave.,	Frederick, Md
	24 FUNERAL DIRECTOR'S SIGNATURE	St. St.	John's	Cemetery	Frederick	
,	M. R. Etchison 8	Son, Fre	derick, L	d. M	BY REGISTRAR 256 REG	A. Tomas



CERTIFICATE	OF DEATH	
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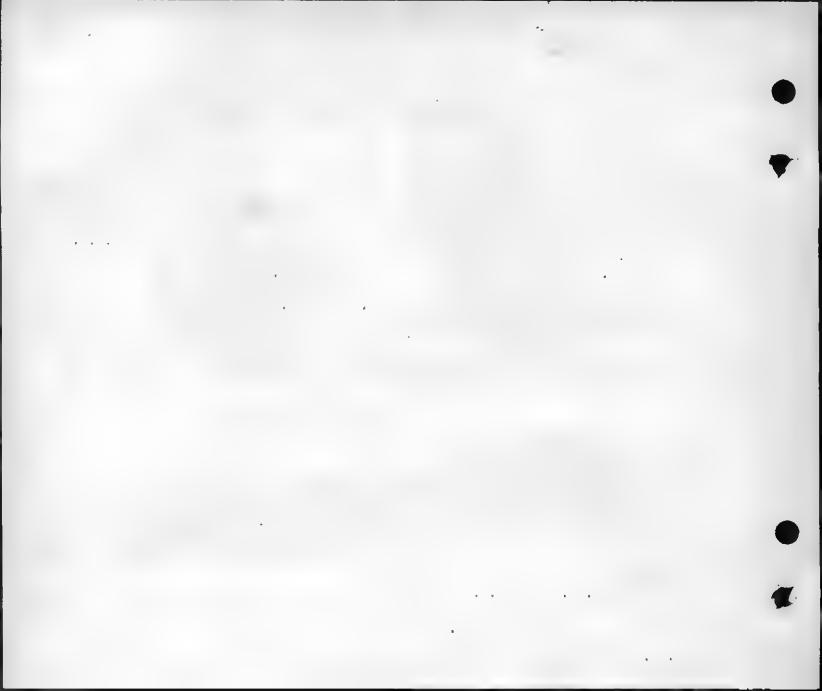
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			3104		CERTI	FICA'	TE OF DE	ATH				- (UU	04		
		PLACE OF DEATH O. COUNTY Freder	rick		MAI	RYLAND	a. STATE	ence (wh		Bilived. If instituti b COUNTY	_	nce befor	e before admission)			
	Ŀ	b. CTY OR TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b				rate limits, write R				1)		
		Point Of F			60 Year	S	A Point	, Of 1	Rocks							
	C	d. NAME OF HOSPITA OR INSTITUTION	st (If not in hospital, g	ive street o	oddress)		d STREET AL	DDRESS						FARM?		
ı		NAME OF DECEASED	Fir	st	Midd	le	Last		4 DATE OF	Mor	ith	Da	,	Year		
		(Type or print)	EMMA	1	JAI	IE .	MYERS	5	DEATH	Mar		2	-	19 61		
	S S	SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARI	RIED 🗌	B DATE OF BIRTH			9. AGE (In years last birthday)	IF JNDE Months	R 1 YEAR Days	Hours	ER 24 HRS		
		emale	White	WIDOWE			October			last birthday) 91 yrs						
	10a	during most of worki	N (Give kind of work i ng life, even if retired	done 10b.]	KIND OF BUSINESS	OR INDUS	STRY 11. BIRTHPLA	ACE (Stote	or toreign co	ountry)	12 CI			OUNTRY?		
		Housewife		I	louse-worl	ς		inia	15.145			U.S.	.A.			
1	13.	FATHER'S NAME	_				14. MOTHER'S	_								
기	20	WAS DECEASED EVER	Jenkins	ccsa la c	SOCIAL SECURITY N	O 17 16	EL12	za J.	Wadde		ress					
		s, no, or unknown) {	yes, give war or dates at s	ervice)				η,	FT				C	1 1		
	-	NO DANIES OF DEAT	MA feathannia		None_		sGussi	<u> </u>	Horn_	Point Of	_rioc		RVAL BE			
	PART I. DEATH WAS CAUSED BY: (D & 1 B & Man 24													DEATH		
		1.41.1	IMMEDIATE CAUSE (o	,	in the particular of the parti	1-41	· ('War	and the second	^	r		+	1	y		
		Conditions, if on	DUE TO		Calrag	10.	nelse 1	92	unal	1		4	1000	us		
		gave rise to in	mediote Duc To						7			1	-	(
		cause (a), stating t lying cause last.	he under-													
	Z Ö	PART II. OTH	ER SIGNIFICANT CON		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PĄ	RT 1(a) 1	9 WAS	AUTOPSY PRMED?		
	CATION	-	Ser	ule	Les anes	a ace	youce	of a	ilue	selen	0513			NO 🔀		
Õ	44	20g ACCIDENT WA	UNDERLYING	20b DESC	RIBE HOW INJURY	OCCURRE	D. (Enter noture of	înjury in	Part I ar Par	t II of item 1B.)				_		
1	L CERT	(IF EITHER, NOTIFY	MEDICAL EXAMINER)													
	MEDICAL	20c. TIME OF INJURY	Month, Day, Ye		JURY OCCURRED		ACE OF INJURY ()			r ar tawn)		(County)		(State)		
	MEC	p. m.	19	While at work	Not while		1			,	/					
		21. I certify that	(I) (this haspita	l <u>)</u> attend	ed the decease	d fram	3/24	, 19	6. ta.	3/28	, 199	e/_, th	at (I) (we) last		
		saw the decease	ed alive an	3/2	Y 1961, an	d that d	leath accurred	104:1	5/PMFrom	the causes ar	nd an th	e date				
		220 SIGNATURE	200		a de	, .	ATTENDING	- AA	ED.	STAFF			22	SIGNED		
			1 Ja	lla	est VI	ue	M.D PHYS.	D)	RECTOR	PHYS 🗆	Marc	n 29	, 19	OT.		
		22c PHYSICIAN'S NAME (Type)					22d. ADDRE		3.5	2 2						
			A. T. Bric					erson	Mary							
*	23a	REMOVAL (Specify)	N, 236, DATE THEREC	H	23c, NAME OF CE					TION (City, town,	or county		(Sta	te)		
	24	Burial FUNERAL DIRECTOR:	3/31/61		St. Pau	L's C	emetery	250 BEC1	Point D BY REG ST	يتحقيقا المتحقة			ryla	nd		
				ion T		M	3 3		, BI KEO 3	1 238 REG	A LOUNT 3 2					
		Me Ite Editi	ison and S	on, l	rederick	Mar	viand	DATE								

TO HOSPITAL OR ATT ING PHYSICIAN: The law requires that the death certificate be executed within 24 Mours after demay.

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VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2105

03093

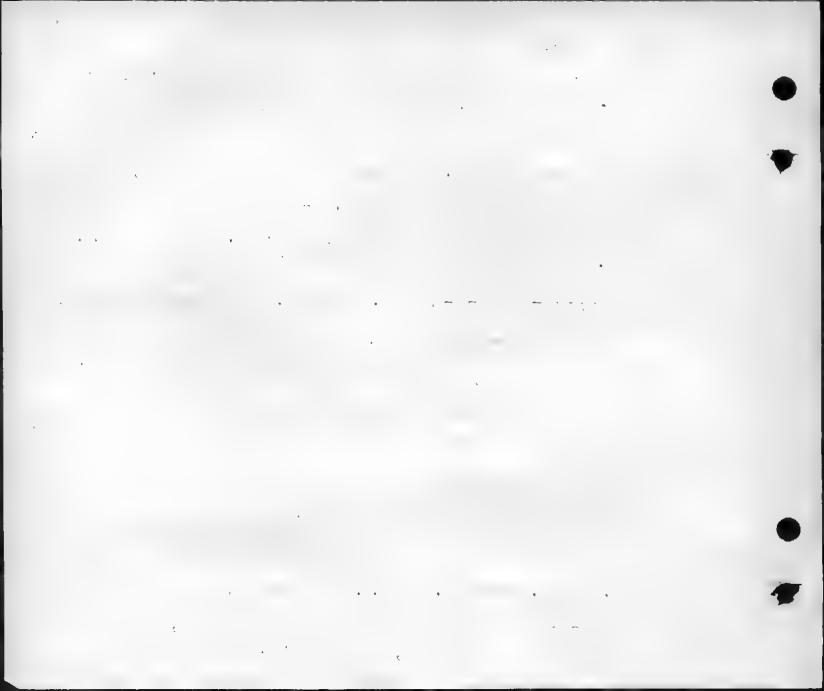
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1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	ere deceased lived. If institution b. COUNTY	n: Residence before admission) Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give georest town) LL DOT COUNT	LENGTH OF STAY IN 16		tside corporate limits, write Ri	URAL and give nearest town)
d NAME OF HOSP.TAL (If not in hospitol, give street OR INSTITUTION Labortytown	oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO P
3 NAME OF DECEASED (Type or print) Ruby	Middle A	lost lyers	4. DATE Mon	
Female 6 COLOR OR RACE 7 MARI		B DATE OF BIRTH Aug. 25-1897	9. AGE (in years lost birthday) 9. AGE (in years year) 9. AGE (in years) 9. AGE (in years) 10. AGE (in	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Retired School teacher	Public School	s Frederic	k Co. Maryland	12 CITIZEN OF WHAT COUNTRY
Charles E. Welker		14. MOTHER'S MAIDEN NA Ida Bell	e Burrier	
(Yes, no or unknown)		· Clarence A.	Adda Myers Libert	
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if on , which gove rise to immediate cause (o), stating the under- lying cause lost. Part II OTHER SIGNIFICANT CONDITIONS.	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	The CV district	EN IN PART I(0) 19. WAS AJTOPSY PERFORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Pr	ort I or Port II of Item 18)	YES NODE
Hour o.m. While	6	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f (City or town)	(County) (State
21. I certify that (I) (this hospital) attends saw the deceased olive on	1	,		d on the date stated above
220 SIGNATURE	, .	M.D PHYS DIR		3 21 226 DATE SIGNED
22c PHYSICIAN'S NAME (Type) Dr. James E. Ston	er, Jr. M	.D. Walkersv	rille, Marylan	d
230 BURYAL, CREMATION, REMOVAL (Specify) Burial 3-23-1961	23c. NAME OF CEMETERY O	metery	23d LOCATION (City, lown, or Libertytown,	
24 FUNERAL DIRECTOR'S SIGNATURE	Frederick, M	aryland DATE MA	R 2 + 161	STRAR'S SIGNATURE

may by it ned by It spital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled at by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSP:

NG PHYSICIAN: The law requires that the death certificate be executed within 24 %

VR A15 (4) 1SM 9/59



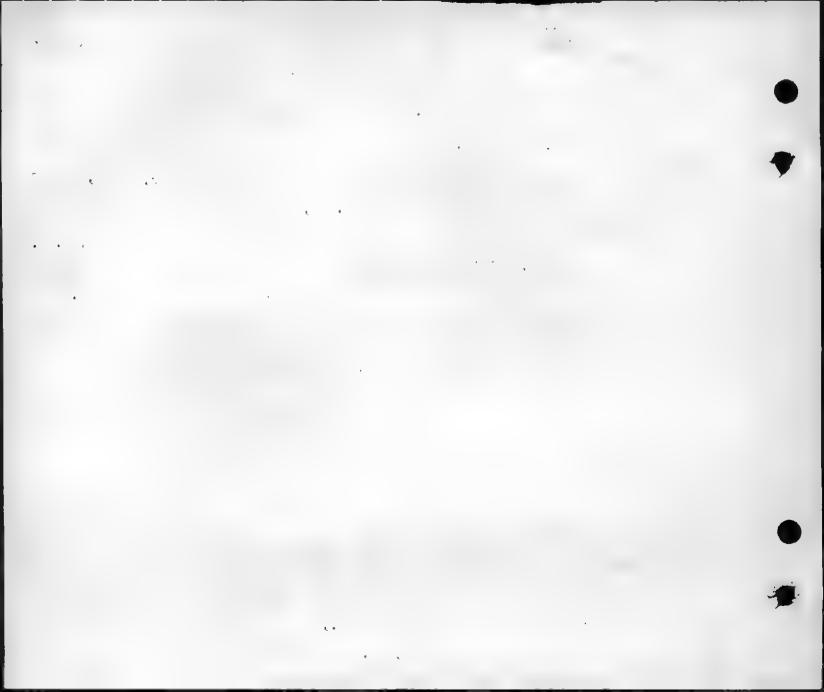
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102211	Knudo	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
		- CERTIFICATE OF REATH

3106 CERTIFICATE OF DEATH

03094

	1 PLACE OF DEATH a. COUNTY Treder	ick	MAR	rLAND 2.	USUAL RESIDER	. `	re decease	d lived. If institut b. COUNTY		ce before	e admissi	ion)
Ì		f autside carporate limits, v	write c. LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If ou	tside corpo	prate limits, write l	RURAL and	give near	rest town	}
	Freder		2 wks.		Hystts	town			1	51	-	
		AL (If not in hospital, give	street address}		d. STREET ADD	RESS				6	. IS RES	DENCE FARM?
		l Jenoris T H	ognite!	ii i								NO 📑
ı	3 NAME OF	First	Middle		Last		4. DATE	Ма	nth	Day	,	Year
^	(Type or print)	ADA	MOZELL	E RA	UDOLPH		OF DEATH	N.G.		23.	1	19.61
ŀ	\$ SEX	6. COLOR OR RACE 7.	MARRIED T NEVER MARRI	7 00 3	ATE OF BIRTH			9. AGE (In years	IF UNDER			
-	female		IDOWED 🔂 DIVORCE		eb. 18.	1891		last birthday) 70 yrs.	Months	Days	Hours	Min,
ľ	10a. USUAL OCCUPATIO	IN (Give kind of work don	e 106 KIND OF BUSINESS C				r fareign c	auntry)	12 CITI	ZENOF	WHATC	OUNTRY?
	Domestic	ung life, even if refired)			Marv'					т	7 9	
- 1	13. FATHER'S NAME			1	4. MOTHER'S M		AME				-	-
		William C. !	Rollins			An	ma Ma	tthews				
ı			67 16. SOCIAL SECURITY NO). 17, INFOI	RMANT	_		Ade	dress		* -	
-1	(Yes no or anknown)	(If yes, give wor or dates of servic	(P)		Erv:	in Ka	ndolı	oh Hyat	.+s+cw	m, A	Z.	
		TH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO ny, which (b)	per line for (a), (b), and (c). Cenebaa Diabete	7 1: -	moar	hau	e +	CEREB	A A	ONS	RVAL BE ET AND	DEATH
	cause (a), stating the under: DUE TO Lying cause lost. VERT										PAR	15
	PART II OTH											NO [
lsį.	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING (20) CAUSE OF DEATH MEDICAL EXAMINER)	b DESCRIBE HOW INJURY O	CCURRED. (E	inter nature of i	njury in Po	art I or Par	rt II of item 18.)				
	ZOc. TIME OF INJUR Hour o. m. p. m.	10	20d. INJURY OCCURRED While Not while at work ot work	20e. PLACE factory	OF INJURY (Ha , street, affice b	me, farm, ldg., etc }	20f. (Cit)	y ar tawn)	(1	Caunty)		(State)
	21 I certify that saw the decease 220 SIGNATURE	1-9	attended the deceased 2.7 19.51, and					3 - 2 3 the causes a			stated	-
	No	4RM	arton	M.D			ECTOR [STAFF PHYS.				S GNED
	22c PHYSICIAN NAME (Type)	Rex R)	MARTIN	·	22d ADDRESS	-	20N	MARK	2	10	16	
	230 BUR AL, CREMATIC	IN, 236. DATE THEREOF	23c. NAME OF CEM	ETERY OR C	REMATORY		23d. LOCA	TION (City, fown,	ar caunty)		(Stat	e)
	REMOVAL (Specify)	3/27/61	Mortgome	rir cha-	nel.,		Hyat	tstevn.	MH.			
4	24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS				BY REGIS		ISTRAR'S SI	GNATUR	E	
	Kakertz	, Surnales	Rockville	e, Md.		ATE MA	R 3 0	'61 C	William &	Here	est.	



-	CERTIFIC	ATE OF DEATH
1	PLACE OF DEATH o. COUNTY Frederick MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) of STATE Maryland Washington
	b. CITY OR TOWN (If autside carporate limits, wrste RURAL and give nearest tawn) Frederick	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
跌	d. NAME OF HOSPITAL (If not in hospital, give street address) OR NSTITUTION Maryland I.O.O.F. Home	d. STREET ADDRESS 2 1 0 • IS RESIDENC ON A FARM YES NO
	3. NAME OF First Middle DECEASED (Type or print) Florence Beale	Renner de March 3 196
	S SEX 6. COLOR OR RACE 7. MARRIED □ NEVER MARRIED □ Female White WIDOWED ▼ DIVORCED □	May 8, 1872 88 yrs Months Days Hours M
	10g USJAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) Housewife Housework 13. FATHER'S NAME	DUSTRY 11. BIRT: PLACE (State or foreign country) (12.CITIZEN OF WHAT COUNTY) Keedysville, Maryland U.S.A.
	James Beale	Emma Byron Informant Address
	(Yes, na, or unknown) (If yes, give war or dates of service)	aurice Ramsburg I.O.O.F. Home Frede
	gave rise to immediate cause (a), stating the under-lying cause last.	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO
es j	CCATIC	PERFORMED YES NO RRED. (Enter nature of injury in Part I or Part II of item 18.)
	20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e Hour a.m. p. m 19 While Nat while at wark all wark	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (S factory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	it death accurred at 2.M, from the causes and an the date stated about 225.DAT
	72c PHYSICIAN'S NAME ITURAL	M D ATTENDING MED STAFF SIG
	24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	.11 Cemetery Hagerstown Maryla
4	M. R. Etchison & Son, 106 East (Church Strate MAR 9 '61 Quy & Home

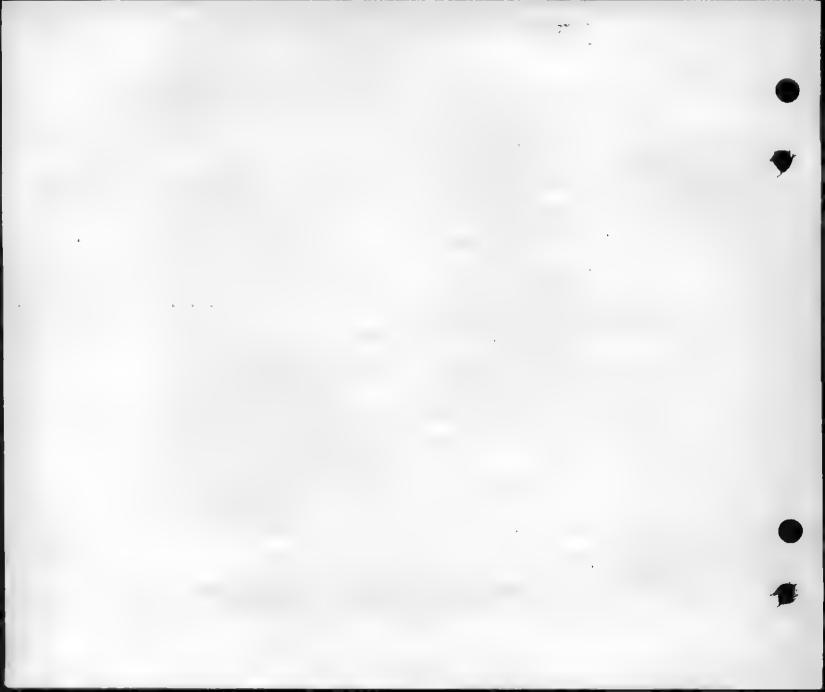
the attending physician and campletely filled on by the funeral lirector. Then please remave carban papers. Pages 1 and 2 shauld be filed with TO HOSPICAL OR ATT GENEVALENES: The law requires that the death certificate be executed within 20th may by Lined by Silval ar attenting physician.

TO FUNE AL DIRECTOR: After this certificate has been signed by the attenting physician and campletely filled page 3 shauld be detached far use as the burial transit permit. Then please remaive carban papers. Pages 1 the State Board of Health priar to burial, crematian, ar remaival, and in any event, within 72 hours after death.

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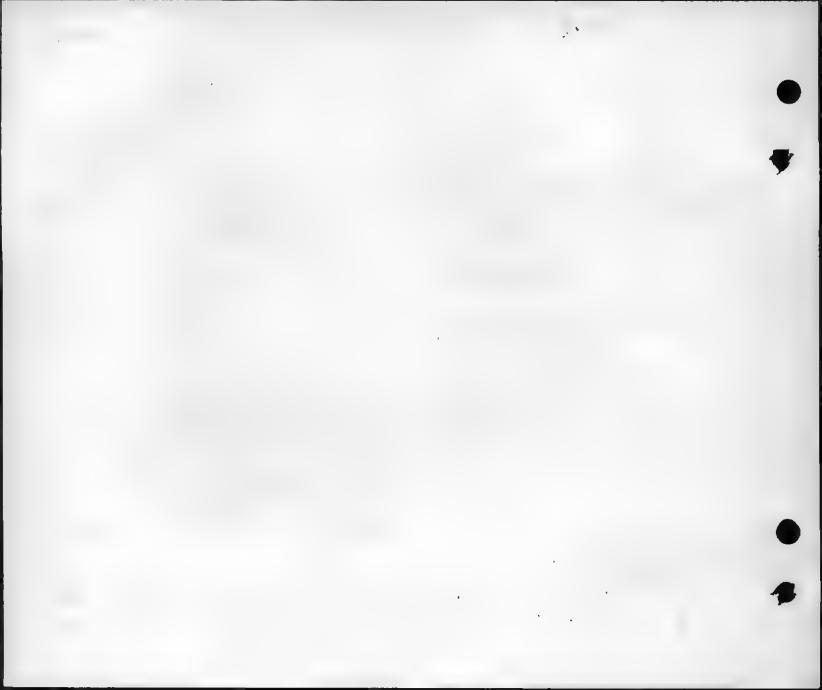


	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 9. STATE 9. STATE
	O. COUNTY Frederick MARYLAND O. STATE Maryland Carlell
	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
£ 300	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	Prederick Mernovial Hopp.
	NAME OF DECEASED RIPERO S SEATH DAY YEAR 1961
5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lest birthday) Months Days Haurs Min.
100	. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country).
10	FATHER'S NAME A MOTHER'S NAME A MOTHER'S NAME A MOTHER'S NAME
13.	
1.	Austin Reinripper Mary Louise Barth
[Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT I (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT I (If yes, give wor or doles of service) 17. INFORMANT I (INFORMANT) I (INFORMAN
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Etc. Durchard foototis
	DUE TO
	Canditions, if any, which) (b)
	gove rise to immediate Couse (a), stating the under DUE TO
	lying cause last. (c)
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY. PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN GIVE
CERTIFICATION	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c TIME OF INJURY Month, Day, Year Hour o. m. P. m. 19 19 10d INJURY OCCURRED While Not while of work of work of work of the control of work of w
	21 I certify that (1) (this hospital) attended the deceased from - 6 through 1961, to 28 the 1964, that (1) the last
	saw the deceased alive an 25 because 6 and that death accurred at 5/1M, from the causes and on the date stated above.
	226, SIGNATURE ATTENDING MED STAFF SIGNED
	M D PHYS DIRECTOR PHYS. D
	NAME (Type) A. W. towell, VR, M.D.
230	BORIAL, CREMATION, 236 DATE THEREOF 23-MAME OF CEMETERY OR CREMATORY 231. LOCATION (City, town, or county) (Stote)
Y	and the state of t
24,	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR'S SIGNATURE
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TO FUNERAL DIRECTOR. After this #=thicate has been s gned by the attending physici== and #a=pletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be store Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected th. VG PHYSICIAN: The low requires that the death certificate be executed within 24 TO HOSP

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived. If institution Residence before admission COUNTY Frederick b. COUNTY Frederick g. STATE MARYLAND b. CITY OR TOWN (If outside corporate family, write RURA) c. LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town). your d of RuralThurmont. Thurmont MD d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4 DATE Middle Month Year DECEASED Elwood Frank Schell DEATH March 17. 1961 (Type or print) 19 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In yours IF UNDER TYEAR IF UNDER 24 HRS Male White DIVORCED T Dec .4 . 1908 Months Doys Hours Min WIDOWED IT 10a. USJAL OCCUPATION (G've kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 2, an Page 12 CITIZEN OF WHAT COUNTRY? urniture Factory U.S.A Cabinet Maker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Schell Unknown Lou 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Bethesda. If yes, a ve was as dates of survival 216-16-0179 Samuel E.Schell 5016 Elm St Apt No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH Gun shot wound thru Heart and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) left Lung pencil in **DUE TO** Conditions, if 'ony, which ! gave rise to immediate cause DUE TO (a), stating the underlying couse fast. cal Exam PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLIS, WAS AUTOPSY PERFORMED? dical NO F 206. EXTERNAL CAUSE WAS PRIMARY ET OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) Gun shot wound thru Heart & Left Lung 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City'or town) Month, Dov. Year (Caunty) (Stote) While at work of work of work of work of work Home Md Frederick 21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my CTOR: opinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 5 ASSISTANT MEDICAL EXAMINER EXAMINER'S B. Thomas DEPUTY MEDICAL EXAMINER NAME (Type) Park Lawn Cem 版。20-196I 22d LOCATION (City, town, or county) (Stote) dontrose. 0 ADDRESS 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Thurmont VS. AISME 1 Intimes S. Thrank



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH M 2. USUAL RESIDENCE (Where deceased I'vad, if institutions Residence before admission) . COUNTY Frederick Frederick Maryland MARYLAND pue b. CITY OR TOWN (if outs'de corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate I mits, write RURAL and give nearest town) in by write RURAL and give paerest town after Kmexville Knoxville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO .. Mountain road Mountain road 3. NAME OF Middie 4. DATE DECEASED OF (Type or print) DEATH 1967 Samuel Sicura and con 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 1 8. DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days Hours Male WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work remove TOB. KIND OF BUSINESS OR INDUSTRY IL B RTHPLACE 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired car repairman B.&.O.R.R.Co Sicily. Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Sicura pie Josephane Garofaro 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO 17. INFORMANT Address (Yes, no, or unkown) (If yas give war or dates of service) Mrs/Gertie Sicura. Knoxville. Nd 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART (LEATH WAS CAUSED BY. e Gridelermines IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate cause DUE TO (a), stating the underlying certificate ha PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? a o NO Prior 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enfer nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.] Not While Hour a.m. et work al work p.m. 21. | certify that (|) (this hospital) attended the deceased from.... D saw the deceased alive on..... 170 22a. SIGNATURE 5. GNED ATTENDING STAFF DIRECTOR PHYS. PHYS. MD. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23a. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown or county) (Steta) REMOVAL (Specify) 0.53 3-8-1961 Reformed Knoxville Maryland 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUMERAL DIRECTOR'S AGNATURE ADDRESS VR A15 (4) arthur S. Frank DATE MAR 9 '61 Brunswick, Maryland 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND

			3111		CERTIF	ICATE	OF DI	ATH				0308) ()
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wi		Frederick			49 Year:	3	- X	rede	rick				
1		OR INSTITUTION	AL (If not in hospital, g		· · · · · · · · · · · · · · · · · · ·	:	d STREET A					e IS RE	SIDENCE A FARM?
		Frederick	Memorial H	ospi	tal			LII E	ast Fo	urth Str	eet	YES [NO X
		NAME OF	Fir	st	Middle		Last		4. DATE	Mon	th	Day	Year
		Type or print)	MARGAREI	1	ISABELI	L S	SMITH		DEATH			27,	1961
	S S	_	6 COLOR OR RACE	7. MARE	RIED NEVER MARRI		ATE OF BIRTH			9 AGE (In years last b rthday)	IF UNDER 11 Months D	YEAR IF UNI	
	F.	emale	White	WIDOWI	ED DIVORCE		4 Aug	L889		71 yrs	Widings D	0,5	
	10a	USUAL OCCUPATIO	N (Give kind of wark of ing life, even if retired)	iane 10b	KIND OF BUSINESS C	OR INDUSTRY						N OF WHAT	COUNTRY?
		House-wo			At Home				e, Mar	yland	US.	A.	
		FATHER'S NAME				14	. MOTHER'S						
		Luther C.						A. D	iffend				
	(Yes	no or unknown	R IN U. S. ARMED FOR If yes, give wor or dates of to		SOCIAL SECURITY NO					328 E. MT	mird S	t.,	
		No				Miss	Hilda	₽• ₽	urke,	Frederic	k, Md.		
			•	use per li	pe-for (o), (b), and (c).	-]	-		*			INTERVAL E	D DEATH
		PART I DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o	1_4	ente Cr	man	2 /h	my	vzes			1.d	ery_
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		gave rise to immediate DUE TO											
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	FICATION	PART IS OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT NO	FRELATED TO	THETERM	INAL DISEASI	E CONDITION GIV	EN IN PART I	PERF	ORMED?
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	MEDICAL		Y Month, Day, Yes		MJURY OCCURRED	20e PLACE	OF INJURY (I	lome, farm	1, 20f. (City	or town)	(Co	unty)	(Stote)
	MED	Hour o.m. p.m.	19	While of wor	k Of wark	R	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	orag., cre	"	2			
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		220 SIGNATURE	1/16	D	· · · · · · · · · · · · · · · · · · ·							2	2b DATE
			.0.0	aa	208	M.D	ATTENDING	X) M	ED RECTOR [STAFF PHYS.	27	March	1961ED
l		22c. PHYSICIAN'S NAME (Type)					22d, ADDRE	-	1 01	70 7	1.1 25		
			A. A. Pear	re,	M. D.		4 E.	Chur	ch St.	, Freder	ick, M	a	
	23a	BUR AL, CREMATIO	N. 236 DATE THEREC	F	23c NAME OF CEM					TION (City, town,			ate)
	-	REMOVAL (Specify)			Mount Ol:	ivet Co	emeter			erick, M			
	1	FUNERAL DIRECTOR'		Elec	ADDRESS	[3		D BY REGIST		STRAR'S SIGN		
		me ne Ltc!	HEOD & SOL	ידיו פו	ederick, Ma	rrytan	i .	DATE MIF	UR 2 8 '6	a	thur S. 9	Traces	

TO HOSP 10 OR ATTENING PHYSICIAN: The faw requires that the death certificate be executed within 21 hours after deprivation may be lined by spital an attending physician.

TO FUNERAL DIRECTOR: After this mentificate has meen signed by the attending physician and campletely fill by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed-with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



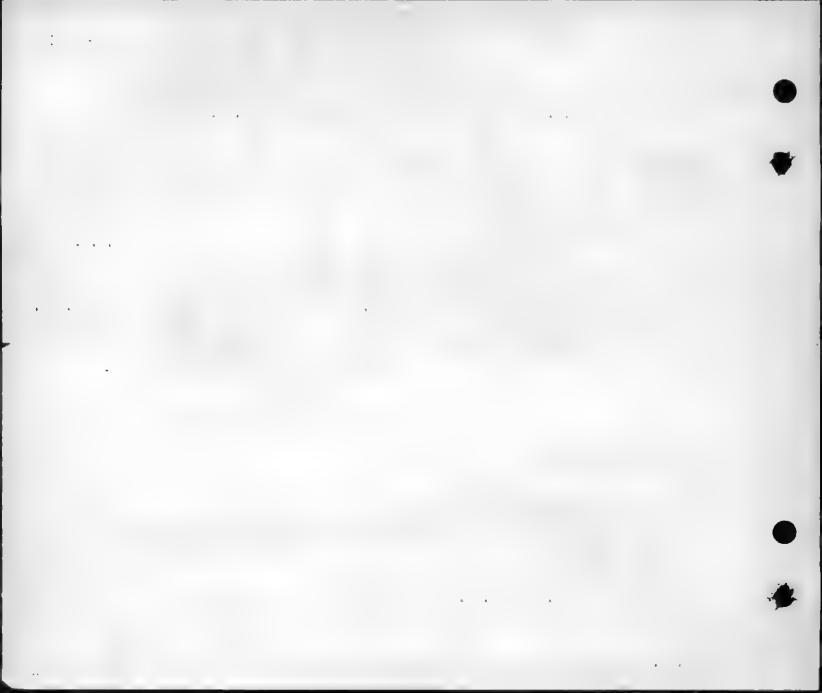
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TO HOSPITAL OR ATTINITING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	may be used by II pital at attending physician. TO FUNE (DIRECTO) wer this certificate has been signed by the atlending physician and camplelely fills. By the funer director,	page 3 should be detoched far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with	ie registrar priar to burial, cremotion, or removal, and in any event within 12 haurs after death.
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3112

Reg. Dist. No. 03100

1	1. PLACE OF DEATH g. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)								
)	Frederic	k		MARYL	AND	o STATE Maryland b. COUNTY Frederick							
	b. CITY OR TOWN (IF RURAL and give ne		ts, write	c. LENGTH OF STAY II	d lb	c CITY OR T	OWN (If ou	tside corpo	rote limits, wrste R	URAL and gr	re nearest	lown)	
	Thurmont Rur	11-		Life	3,4	Thurmon	t Rura	al R.	F. D. #1	L.			
	d NAME OF HOSPITA	LE (If not in hospital, g	ive street	oddress)	ar I	d. STREET A					e. IS	RESIDENCE	
	Mountainda	le				Mount	ainda	le				S NO TO	
	3. NAME OF	Fir	s†	Middle		tos	- 1	4. DATE	Mon	th	Day	Yeor	
	(Type or print)	FRANC	CES	KATE		Siniele	o -	OF DEATH	Marc	2	28	1961.	
1	5. SEX			HED A NEVER MARRIED	П	B. DATE OF BIRTH			9 AGE (In years			INDER 24 HRS.	
	Female	White	WIDOWI	_		April 30		9	lost-bythdoy)	Months [Poys Ho	urs Min.	
	10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.							12. CITIZ	EN OF W	HAT COUNTRY?	
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	Housewi.i	<u>e</u>		House-work		14. MOTHER'S	yland	AME			J.S.A	e	
i		De cont											
	Luther Gil		rec2 14	SOCIAL SECURITY NO	17 10	Hatt MFORMANT	16 (unkno	W I).				
	(Yes, no. or unknown) (I	f yes, give wor or datas of s	ervice)					2 /2/			77	3 373	
	No			None	LMr	s. Edwar	d Mul.	r 91;	Wilson	Place			
			use per lic	ne for (a), (b), and (c)			20	/			ONSET A	L BETWEEN AND_DEATH	
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	Conditions, if any, which (b) Chronic #3H190D-										20	20-gelvs	
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	lying couse lost.												
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	PART II OTH	1 /2	Ry.	Achneur	****	man						NO	
	20g ACCIDENT WA	UNDERLYING [20b. DES	CRIBE HOW INJURY OC). (Enter nature a	Finjury in P	ort I or Pari	II of item 18.)				
7	200 ACCIDENT WAS	MEDICAL EXAMINER)		,									
	3 20c. TIME OF INJURY	Month, Day, Ye	or 20d. II	NJURY OCCURRED 2	Oe. PLA	ACE OF INJURY (Home, form,	20f. (City	or lown)	(Co	unty)	(Stole)	
	20c. TIME OF INJURY Hour o. m.	19	While	Not while	fac	tory, street, office	bldg., etc.)						
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	220 BURIAL, CREMATION REMOVAL (Specify)	1, 226. DATE THEREC)F	22c NAME OF CEMET				22d. LOCA1	ION (City, town, o	or county)		Stole)	
	Burial	1 1/1/61		Methodist	Cem	etery			istown_		Maryl	and	
	23 FUNERAL DIRECTOR'S			ADDRESS				BY REGIST		STRAR'S SIGI	NATURE		
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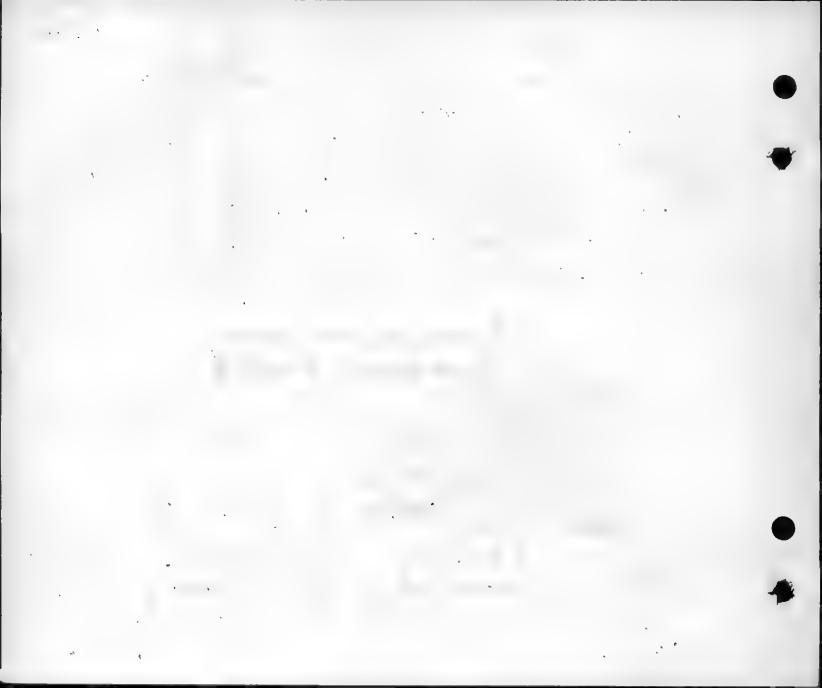
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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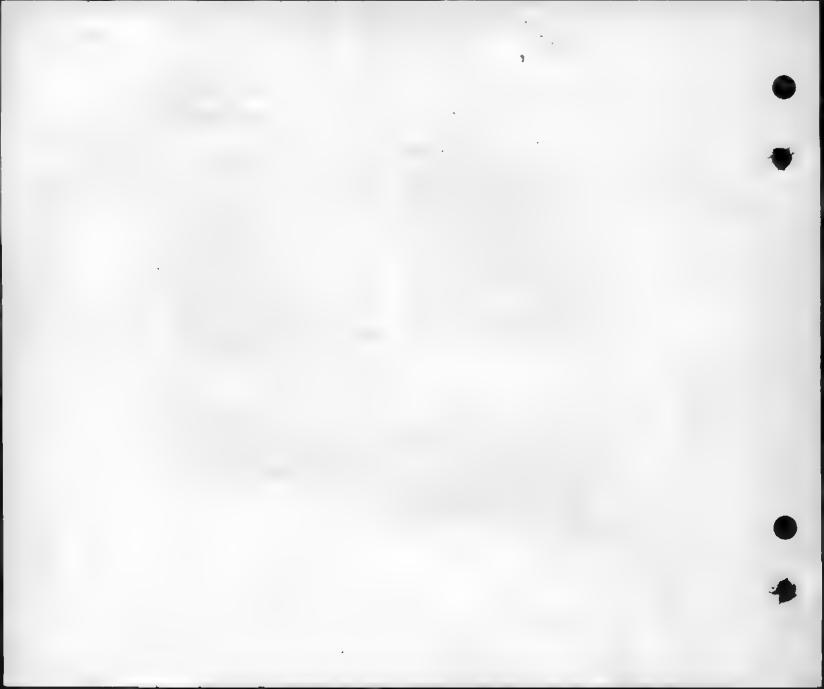
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OR +NSTH-ITION	Home	eet oddress)	d. STREET ADDI	RESS		IS RESIDENCE ON A FARM? YES NO X
NAME OF DECEASED (Type or print)	Emma C	atherine Sn	look	4. DATE OF DEATH	March 1	Day Year
emale	2 42 2 4	ARRIED NEVER MARRIED DIVORCED DIVORCED	Sept. 13	, 1881 , AGE		YEAR IF UNDER 24 HE Days Hours Min
Oo USLAL OCCUPAT during most of wo HOUSOWI:	rking life, even if retired)	Own Home	Maryl:			EN OF WHAT COUNTR
3. FATHER'S NAME			14 MOTHER'S MA	IDEN NAME		•
John P	ittenger		Sara	h ?		
S. WAS DECEASED EV (Yes. no. or unknown) NO	ER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)		Earl Sno	ok Det	our, Md.	
Conditions, if gove rise to couse (o), stating lying couse lost	the under DUE TO	Intervossleroli	e cardio	-voseslar	delours	year
STATE OF THE STATE		NS CONTRIBUTING TO DEATH BUT				1(a) 19 WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] 20b IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of in	jury in Port (or Port () of (tem 18)	
20c. TIME OF INJU Hour o. m. p. m.	10	d, INJURY OCCURRED hile work of work	LACE OF INJURY (Homeoclory, street, office bloom		rn) (C	ounty) (Sto
	at (I) (this hospital) attached alive on A	ended the deceased from	July death accurred a	1957, to 200 17:25 M, from the c		. that (1) (we) la date stated abov
220. SIGNATURE	mesta. K	Ettan		MED. STA		march 2/4
22c. PHYSICIAN'S NAME (Type)	RNEST A. I	DETTBARN	22d. ADDRESS	allurou	ele, Tur	1.
30. BURIAL, CREMATI BUPIAL SUPIAL	3-4-61	23c. NAME OF CEMETERY OF Haugh's	emetery	nr. La	diesburg,	(Stole) Md. Fred
almor	R'S RIGHATURE	ADDRESS Thurmont,		o. REC'D BY REGISTRAR ATE MAR 7 '61	256. REGISTRAR'S SIG	

TO HOSP FALL OR ATT. "NG PHYSICIAN: The low requires that the death certificate be executed within 24 burs after decree and bursh bu VR A15 (4) 15M 9/59





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS A IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 4-NAME OF 4. DATE DECEASED OF DEATH Poges (Type or print) 19 6/ IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday Months WIDOWED | papers. 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo rpou 73 13. FATHER'S NAME physician ğ remove 17 INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO Buipu 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY ematian, PERFORMED? burial-tr tending phy ficate has b YES NO 4 20g. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (Stote) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that (1) (thus hospital) attended the deceased from 2-3 March 1961, to 30 March, 1961, that (1) (wet last 1960, and that death accurred at LLZM, from the causes and on the date stated above saw the deceased alive an 2 22a. SIGNATURE 22b, DATE SIGNED ATTENDING PHYS MED. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23b DATE THEREOF 23d LOCATION/(City, fown, or county) 230. BJR AL, CREMATION, NAME OF CEMETERY OR EREMATORY (Stote) REMOVAL (Specify) 2 24 FUNERAL DIRECTOR'S SIGNATURE 25g, REC D BY REGISTRAR 25h REGISTRAR'S SIGNATURE YR A15 (4) DATE 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Frederick Maryland b. COUNTY Frederick MARYLAND b CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest fown)
Frederick 60 Years Frederick d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE Frederick Memorial Hospital ON A FARM? 262 West Patrick Street YES NO TO NAME OF DECEASED Middle DATE CYRUS WALTER STOCKMAN (Type or print) DEATH March 61 9. AGE (In years last-by-thdoy) O yrs IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH Months Days Hours 1 Oct 1884 Male White DIVORCED [7] WIDOWED [10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Self-employed Contractor and Builder USA Feagaville, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George W. Stockman Elizabeth Harne 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Mrs. Annie L. Stockman (Same as item #2) 218-30-9738 No INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: igloniplintes IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO IX 20a. ACC DENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) (Stole) Day, Year (County) factory, street, affice bldg., etc.) Hour om Not white at work 📋 ot work 196/ 19_6/_, that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased from. and that death accurred 3:50 M, from the causes and an the date stated above. saw the deceased alive an 22n, SJGNATURE 16 March 1961 ATTENDING MED DIRECTOR STAFF PHYS PHYS. M.D 22c PHYSICIAN'S 22d. ADDRESS Richard C. Reynolds, M. D. 9 E. Church St., Frederick, Md. 230 BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) Burial (Specify) Frederick, Maryland 3-18-61 Mount Olivet Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE MAR 1 7 '61 Frank M. R. Etchison & Son, Frederick, Maryland

the funeral shauld be f completely fills Poges death. ofter (72 hours pup pan within E physicia remaye attending pleose permit. remayal gned r attending physician. certificate has been sig **buriol-transit** crematian, MIRECTOR ij TO FUNER the VR A18 (4)

1SM 9/59



ely fillectal by the funeral director, Pages 1 and 2 should be filled with

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03105

Chilling S. House

	TOTAL TOTAL	SMC O PMS	1 CURA 7	134 161	00100
1 PLACE OF DEATH b. COUNTY	,		2. USUAL RESIDENCE (WI		tion: Residence before admission)
	derick	MARYLAND	Maryla	nd b. COUNT	Frederick
b CITY OR TOWN RURAL and give	(If outside carporate limits, write	c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest fown)
n 1 1 1	Rural - R.D.6	6 Weeks	Frederick -	Rural - R.D.	#6
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, give street	address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
nda 19	Heights		Poplar Hei	ghts	YES NO T
3 NAME OF DECEASED	First	Middle	Last	4. DATE Me	onth Day Year
(Type or print)	ALICE	CELESTER	SWOMLDY	DEATH	rch 19 1961
S SEX	6. COLOR OR RACE 7 MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (n year lost birthday)	
Female	White wow	ED DIVORCED 🗍	larch 15, 190		
10a. USUAL OCCUPAT	ION (Give kind of work dane 10b. rking life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11, BIRTHPLACE (Stote	or fore gn country)	12. CITIZEN OF WHAT COUNTRY
Housewif		Housework	Marylar	1d	U.S.A.
13 FATHER'S NAME			14 MOTHER'S MAIDEN	NAME	
Alber	t Phelps		Susanna	Harris	
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 IN	FORMANT	Ac	idress
No		17-30-7210 Mr.	Guy R. Swom	ley 214 E. 7tl	St., Fred., Md.
18. CAUSE OF DE	ATH [Enter anily one cause per li	ne for (a), (b), and (c).]	n r		INTERVAL BETWEEN ONSET AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carcinona	of lever	numer	out amo
, A.	DUE TO	uncertain - 7	Kedney	1	/35
Conditions, if	ony, which) (b)		, and .		
gove rise to cause (a), stating	immediate Dus 70				
lying cause lost					
Z PART II O'	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION O	EIVEN IN PART 1(a) 19 WAS AUTOPS' PERFORMED?
ĮĘ					YES NO
200 ACCIDENT W	VAS UNDERLYING [] 206. DES	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Port II of item 18.)	*
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)				
20c TIME OF INJU		fine	ACE OF INJURY (Home, forr		(County) (Stot
Y 20c TIME OF INJU	10	TADI MINIG	.rory, sineer, office bldg., en)	
	oat (I) (this haspital) attend	ded the deceased from	10	57:03-19	, 19.62_, that (I) (we) la
	ased alive an $3 = 19$	11			and an the date stated above
22a. SIGNATURE		/ Januarior a	edili accorda di dic.	E.M. Halli He caoses c	22h DATE
	Sur INN a	tin	M.D. PHYS TO D	AED STAFF	March 20,1961 SIGNE
22c. PHYSICIAN'S	7 101/100		22d. ADDRESS		
NAME (Type)	Rex R. Martin 1	M.D.	220 North	Market St. I	rederick, Md.
23a BUR AL, CREMATI	ON, 236. DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City, town	
REMOVAL (Specific Burial	3/22/67			Frederick	Maryland
24 FUNERAL DIRECTO	R'S SIGNATURE	Mount Olivet-	Cometery 250 REC		GISTRAR'S SIGNATURE
M D F4-	hisan and Can 1	Product de Mass	3 N	IAR 2 1 '61 c	Postur & House

M. R. Etchison and Son, Frederick, Maryland

may in Sined by spitol ar ottending physicion.

TO FUNE AL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pagers Pages I the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death. TO HOS VR A1S (4) 1SM 9/59

NG PHYSICIAN: The lom requires that the death certificate be executed within 2



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03100

-		CERTIFICATE OF DEATH	010p
7 4		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before	ore admission)
[VI]		Frecerick MARYLAND STATE 6 COUNTY Frederi	-1-
	Н	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give ne	
		RURAL and give nearest town) Aural Frederick 6 years Rural Frederick	
		d. NAME OF HOSPITAL (If not in hospital, give street address) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
X	1	OR INSTITUTION	ON A FARM?
			10年
	1		20 1961
_	5	WORKIED I METER HORKIED I WAS A STATE OF THE PROPERTY OF THE P	IF UNDER 24 HR
I)	male white widowed Divorced Oct.15.1873 87 yrs Months Doys	Hours Min
	100	Or USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN O	F WHAT COUNTRY
		retired farmer own gen.farm Frederick, Co. Iid. U.S	3 4
	13.	3. FATHER'S NAME	2 9 22 9
		Ezra Toms Sophia Doub	
	16	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	(Ye	Yes, no, or unknown) (If yes, give wor or defen of service)	
		no Nowe Clarke E. Toms, Frederick, id.	Rt.26
			ERVAL BETWEEN SET AND DEATH
		PART I DEATH WAS CAUSED BY: ARTERIUSE PROTIC HCART DISPASE G	mo
		420.0 DUE TO	
		Conditions, if any, which) (b) Senility	VEARS
		gave rise to immediate cause (o), stating the under-	
		ly ng cause lost.	
	20	Saw II. OTHER COMPLEMENT COMPTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TENNING PROPERTY OF THE AREA OF THE TENNING PROPERTY OF THE TENNING PR	19. WAS AUTOPS
	ATK		PERFORMED?
	IEI IEI	200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.)	
	CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
			[Stot
	MEDICAL	Hour o. m. While Not while factory, street, office bldg., etc.)	(3.01
	×		
		21 I certify that (I) (this haspital) attended the deceased fram	nat (I) (we) la
		saw the deceased glive an 3-16 1961, and that death accurred atM, from the causes and an the date	stated above
		220 SIGNATURE	226 DATE SIGNE
		M.D ATTENDING MED STAFF PHYS	31010
		22c PHYSICIAN S 22d ADDRESS 22d ADDRESS	
		NAME (Type) Kex R MARTIN 220N. MARKET Facder	Ick NI
	23	3g. BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county)	(Stote)
		REMOVAL Specific	
	24	4 FUNERAL DIRECTOR'S SIGNAURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	
	-	MAR 2 3 '61	
	-	Control F, Bittle, Myersville Topate Control & K	wid



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission L COUNTY p. COUNTY o. STATE MARYLAND Maryland Prederick rederick b. CITY OR TOWN (If putside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Years Frederick Frederick d NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO THE Frederick Memorial Hospital 328 Hast 3rd Street NAME OF 4. DATE Middle Month Dav DECEASED DEATH (Type or print) HARRY THE IM BHRGER March 9 67 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B DATE OF BIRTH last birthday) Months Days WIDOWED | DIVORCED | Sept. 77 yrs Male 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) U.S.A. Maryland Brush Company Retired Room 13. FATHER'S NAME Employee 14 MOTHER S MAIDEN NAME Margaret Webb William T. Umberger 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Add & P & 215-18-1104 Mrs. Estie I. Umberger Frederick, Nd. No 1B. CAUSE OF DEATH [Enter only one cause per line fat (a), [b]; and INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES TO NO IX CERTIF 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Day 20e. PLACE OF INJURY (Home form 20f (City or town) Month. 20d INJURY OCCURRED (County) (State) Year factory, street, office bldg., etc.) Hour a.m. While Not while at wark of wark p. m. 21 I certify that (1) (this haspital) attended the deceased from.__ _, that (1) (we) last Afrom the couses and on the date stated above March 1912, and that death occurred of saw the deceased alive on 22b DATE 22g-61GNATURE ATTENDING PHYS

M D

23c, NAME OF CEMETERY OR CREMATORY

St. Frederick. Md.

Mount

ADDRESS

R. Etchison and Son 106 East Church

22d ADDRESS

Olivet Cemetery

DIRECTOR -

250 REC'D BY REGISTRAR

DATEMAR 1 5 '61

Market St. Fred.

25th REGISTRAR'S SIGNATURE

Orthor & Kroun

(Stote)

23d LOCATION (City, Igwn, or county)

Frederick

ě should filled popers. puo 000 attending 怘 by permit gned burial-transit peen certificate the Ö AL DIRECTOR: FUNEX 0

VR A15 (4)

22c PHYS CIAN'S

NAME (Type)

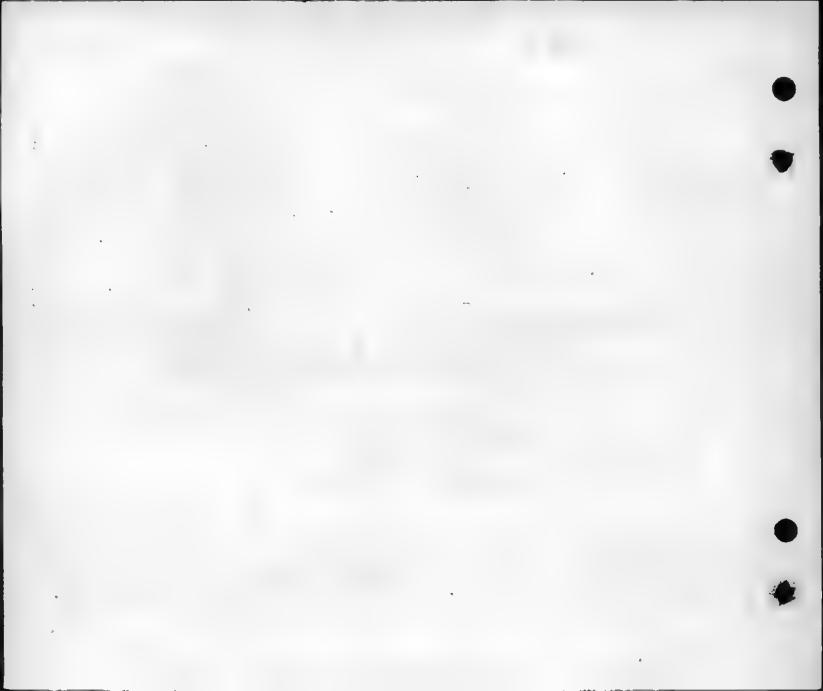
REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

230 BURIAL, CREMAT ON, 23b. DATE THEREOF

H.

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DIVISION O	F STATISTICAL		LAND STAT						RE 1, A	ARY	LAND		
	3120		CERTIFIC	ATE	OF DEAT	ГН				03	108	-	
LACE OF DEATH			-	2	. USUAL RESID	ENCE (Where de			Rasiden	e before a	dmission	
	Frederi	ck	MARYL	AND	B. STATE	ושמ	hand	b, COUN	TF 20	ada	of old		
CITY OR TOWN (IF	outside corporate limit		c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	N (If ou	Iside corpo	orate limits, write	RURAL	d give r	give nearest town)		
B runsw	give nearest lown)		Life		Brunsw	falr			2	5	5		
		not in hos	pital, give street addres	s)	d. STREET ADDRI					-	. IS RESIDENCE		
6 Ea	st "G" St	reet			6 E	ast	II CIR	Stree	h.	-1	YES	NO .	
NAME OF DECEASED (Type or print)	Benjami		Middle Ervin		Walker	4.	DATE OF DEATH	3 Month	18	Dey	Year	61	
SEX		7. MARRIE	The state of the same of		ATE OF BIRTH	-	19.	AGE (In years	IF UNDER	YEAR	IF UNDER	24 HRS.	
Male	White	WIDOWE		7-	29-1907			53 birthday)	Months	Days	Hours	Min.	
USUAL OCCUPATION during most of world	ON (Give kind of work king life, even if retired	10ь. к	IND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (C	ounty &	State, or I	foreign country)	12. CI	IZEN O	WHAT	OUNTRY?	
Car el	eaner	B.	&.O.R.R.C	0	Marylan	d			U	.S./	1.		
FATHER'S NAME Bon	jeman B.W			14	. MOTHER'S MAIL	DEN NA		lah Cr					
WAS DECEASED EVE	R IN U.S. ARMED FOR yesgive war or dalas of se	CES? 16.	SOCIAL SECURITY NO		Audrey	Wa.	lker	Bruns	viek	, Md			
18. CAUSE OF DE	ATH [Enter only one	causa per l	ine for (a), (b), and (c).	1							ERVAL BET		
	WAS CAUSED BY: MMEDIATE CAUSE (a)	Ure	mia							2	day		
154X	DUE TO												
Conditions, if eny,	which \ (b)	Aden	ocarcinom	a of	rectum	wit	h ge	enerali	zed	2	- VI	Se	
gave rise to immedia (e), staling the un- cause last.	DATE YOU	Meta	astasis										
PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TE	RMINAL	DISEASE	CONDITION GIV	EN IN PAR		PERFC	RMED?	
OA ACCIDENT WA	r Independence -	201 200	China Harris Halling a	COURSE IS		* - P - 1	P - 12	4.74	P-14-24PL		ES _	NO X	
208. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY I	CAUSE OF DEATH	200, 015	CRIBE HOW INJURY O	CCUKED. (E	nter natura of injury	in Pari	or Part II	of Item 18.)					
20c. TIME OF INJUR Hour e.m.	Y Month, Day, Yea	r 20d. While al wor	Not Whila		OF INJURY (Home, street, affice bldg.,		20f. (City	or town)	(Co	unty]		(State)	
	at (I) (this hospited		ded the deceased			2 2 2 3 1	124 11	March the causes				we) last	
228. SIGNATURE				1	ATTENDING_	MED.		STAFF PHYS.	21	,	-	. DATE SIGNED	
22c. PHYSICIAN'S				M.D.	PHYS. C	CI		, , ,,	Mal	cn	19,	1901	

IO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complement filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after demth. ENDING PHYSICIAN: The law requires that the death certificate be exected by the haspital or attending shysician. death VR A15 (4) 15M 9/60

13.

15. (Yes

CERTIFICATION

MEDICAL

NAME (Type)

230. BURIAL, CREMATION, 23b. C

Byron Kao. M.D.

Brunswick, Maryland

23c. NAME OF CEMETERY OR CREMATORY

Union

(State)

Lovettsville, Virginia

Orthun & thouse

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

DATE MAR 21 '61

21/1961

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3121 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission e. COUNTY b. COUNTY Frederick Penna. Adams MARYLAND b. CITY OR TOWN III outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 5 Emmitsburg Fairfield, Pa. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? R.D.#2 YES NO. NAME OF First Middle Lost 4. DATE Month Yeor DECEASED DEATH (Type or print) Francis Theodore 19 61 Warren March 9 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Male White WIDOWED [DIVORCED T July 26, 1919 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? and Trick Driver U.S.A. Mills Frederick Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Warren Fannie Tressler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address OFF 204-03-8314 Mrs. Helen Warren, Fairfield, R.D.#2, Pa. Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carbon Monoxide Poisioning IMMEDIATE CAUSE (a) minutes **DUE TO** Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY pasa PERFORMED? NO F 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) Off Harney Road 20d. INJURY OCCURRED | 20m. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 1 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) of work of work 21. I certify that I taok charge of the remains described above, held on Autopsy . Inspection . Inquiry. CTOR: opinion death resulted from: Natural causes . Accident . Suicide T, Homicide T, Undetermined manner DATE SIGNED RE ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE March 12, 1961 ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) B. 0. Thomas FUNE 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) New St. Joseph's Catholic Emmitsburg, Frederick Co. Md. March 15, 1961 0 Burri al ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A15ME Emmitsburg. Md. DAMAR 1 6 '61 Children & Krong C. E. Wilson

W. H. Kerry attended to the second of the